

# 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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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  /  /  in the State of

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

/  /  through  /  /

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 Samantha Ventimiglia

Signature of Treasurer Samantha Ventimiglia [Electronically Filed] Date  /  /

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="7896.20"/>	<input type="text" value="7896.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27523.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29072.10"/>	<input type="text" value="82969.10"/>
(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="56595.31"/>	<input type="text" value="90865.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55276.71"/>	<input type="text" value="89546.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1318.60"/>	<input type="text" value="1318.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Vertex Pharmaceuticals Incorporated Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26374.09	71927.09
(ii) Unitemized .....	2698.01	11042.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29072.10	82969.10
(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) .....	29072.10	82969.10
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))..... ▶	29072.10	82969.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29072.10	82969.10

**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 .....	276.71	546.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	276.71	546.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	89000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	55276.71	89546.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55276.71	89546.70

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29072.10	82969.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29072.10	82969.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	276.71	546.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	276.71	546.70

**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 186
	<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"/> 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. Stuart Arbuckle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive VP & Chief Commercial Off
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2688.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A2015-1725082**

Amount of Each Receipt this Period  
192.00

**B. Stuart Arbuckle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive VP & Chief Commercial Off
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A2015-1725126**

Amount of Each Receipt this Period  
192.00

**C. Stuart Arbuckle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive VP & Chief Commercial Off
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3072.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : A2015-1725170**

Amount of Each Receipt this Period  
192.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**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 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910765**  
 Amount of Each Receipt this Period  
 192.00

**B. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990854**  
 Amount of Each Receipt this Period  
 192.00

**C. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196897**  
 Amount of Each Receipt this Period  
 192.00

**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 9 OF 186  
(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. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349954**  
 Amount of Each Receipt this Period  
 192.00

**B. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389152**  
 Amount of Each Receipt this Period  
 192.00

**C. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & Chief Commercial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389095**  
 Amount of Each Receipt this Period  
 192.00

**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 10 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Stuart Arbuckle</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : A2015-2553197</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 192.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Executive VP & Chief Commercial Off			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4416.00			

Full Name (Last, First, Middle Initial) <b>B. Stuart Arbuckle</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2015 <b>Transaction ID : A2015-2579503</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 192.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Executive VP & Chief Commercial Off			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4608.00			

Full Name (Last, First, Middle Initial) <b>C. Stuart Arbuckle</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015 <b>Transaction ID : A2015-2818622</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 192.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Executive VP & Chief Commercial Off			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> 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 11 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Stuart Arbuckle**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Executive VP & Chief Commercial Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818565**  
 Amount of Each Receipt this Period  
 192.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Barbee**  
 Mailing Address 11010 Torreyana Road  
 City State Zip Code  
 San Diego CA 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725104**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Barbee**  
 Mailing Address 11010 Torreyana Road  
 City State Zip Code  
 San Diego CA 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725148**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 242.00  
**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 12 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

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  
**08 / 07 / 2015**

**Transaction ID : A2015-1725192**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : A2015-1910787**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : A2015-1990875**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 13 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : A2015-2196918**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2349975**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2389173**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 14 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego      State CA      Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2389116**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego      State CA      Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : A2015-2553218**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Barbee**

Mailing Address 11010 Torreyana Road

City San Diego      State CA      Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 27 / 2015**  
**Transaction ID : A2015-2579524**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 15 OF 186
	<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"/> 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. Jeffrey Barbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**12 / 11 / 2015**  
Transaction ID : **A2015-2818642**

Amount of Each Receipt this Period  
**25.00**

**B. Jeffrey Barbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 11010 Torreyana Road

City San Diego State CA Zip Code 92121

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**12 / 24 / 2015**  
Transaction ID : **A2015-2818585**

Amount of Each Receipt this Period  
**25.00**

**C. David Bean**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Avenue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**07 / 10 / 2015**  
Transaction ID : **A2015-1725085**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

**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 16 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725129**  
 Amount of Each Receipt this Period  
 50.00

**B. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725173**  
 Amount of Each Receipt this Period  
 50.00

**C. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910768**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990857**  
 Amount of Each Receipt this Period  
 50.00

**B. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196900**  
 Amount of Each Receipt this Period  
 50.00

**C. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349957**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 18 OF 186  
(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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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. David Bean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1050.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2389155**  
Amount of Each Receipt this Period  
**50.00**

**B. David Bean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1100.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2389098**  
Amount of Each Receipt this Period  
**50.00**

**C. David Bean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1150.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : A2015-2553200**  
Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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 19 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 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  
 11 / 27 / 2015  
**Transaction ID : A2015-2579506**  
 Amount of Each Receipt this Period  
 50.00

**B. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818625**  
 Amount of Each Receipt this Period  
 50.00

**C. David Bean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Finance and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818568**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 20 OF 186  
(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. Todd Boutwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725107**  
 Amount of Each Receipt this Period  
 25.00

**B. Todd Boutwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725151**  
 Amount of Each Receipt this Period  
 25.00

**C. Todd Boutwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725194**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 21 OF 186  
(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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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. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A2015-1725086**  
Amount of Each Receipt this Period **50.00**

**B. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : A2015-1725130**  
Amount of Each Receipt this Period **50.00**

**C. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : A2015-1725174**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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 22 OF 186
<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. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : A2015-1910769**

Amount of Each Receipt this Period  

50.00
-------

**B. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

**Transaction ID : A2015-1990858**

Amount of Each Receipt this Period  

50.00
-------

**C. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : A2015-2196901**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 23 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Virginia Carnahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349958**  
 Amount of Each Receipt this Period  
 50.00

**B. Virginia Carnahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389156**  
 Amount of Each Receipt this Period  
 50.00

**C. Virginia Carnahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389099**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 24 OF 186
	<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"/> 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. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

**Transaction ID : A2015-2553201**

Amount of Each Receipt this Period  
50.00

**B. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : A2015-2579507**

Amount of Each Receipt this Period  
50.00

**C. Virginia Carnahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President Chief of Staff
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A2015-2818626**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 25 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Virginia Carnahan**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President Chief of Staff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818569**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Kilpatrick Carroll**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725074**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Kilpatrick Carroll**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

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  
 07 / 24 / 2015  
**Transaction ID : A2015-1725118**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 26 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725162**  
 Amount of Each Receipt this Period  
 20.00

**B. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910757**  
 Amount of Each Receipt this Period  
 20.00

**C. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990846**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 27 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196889**  
 Amount of Each Receipt this Period  
 20.00

**B. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 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  
 10 / 02 / 2015  
**Transaction ID : A2015-2349946**  
 Amount of Each Receipt this Period  
 20.00

**C. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389144**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 28 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389087**  
 Amount of Each Receipt this Period  
 20.00

**B. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553189**  
 Amount of Each Receipt this Period  
 20.00

**C. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579495**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 29 OF 186
	<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"/> 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. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818614**  
 Amount of Each Receipt this Period  
 20.00

**B. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818557**  
 Amount of Each Receipt this Period  
 20.00

**C. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725114**  
 Amount of Each Receipt this Period  
 29.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.00  
**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 30 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725158**  
 Amount of Each Receipt this Period  
 29.00

**B. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725201**  
 Amount of Each Receipt this Period  
 29.00

**C. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910795**  
 Amount of Each Receipt this Period  
 29.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00  
**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 31 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Brenda Castiglione**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 377.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990883**

Amount of Each Receipt this Period  
 29.00

Full Name (Last, First, Middle Initial)  
**B. Brenda Castiglione**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 406.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196926**

Amount of Each Receipt this Period  
 29.00

Full Name (Last, First, Middle Initial)  
**C. Brenda Castiglione**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349983**

Amount of Each Receipt this Period  
 29.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00

**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 32 OF 186
	<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"/> 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. Brenda Castiglione**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 464.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A2015-2389181**

Amount of Each Receipt this Period  
29.00

**B. Brenda Castiglione**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 493.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : A2015-2389124**

Amount of Each Receipt this Period  
29.00

**C. Brenda Castiglione**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 522.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : A2015-2553226**

Amount of Each Receipt this Period  
29.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00

**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 33 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 551.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579532**  
 Amount of Each Receipt this Period  
 29.00

**B. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818650**  
 Amount of Each Receipt this Period  
 29.00

**C. Brenda Castiglione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 609.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818593**  
 Amount of Each Receipt this Period  
 29.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00  
**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 34 OF 186
	<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"/> 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. Jeffrey Chodakewitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : A2015-1725098**

Amount of Each Receipt this Period  
100.00

**B. Jeffrey Chodakewitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
07 / 24 / 2015  
**Transaction ID : A2015-1725142**

Amount of Each Receipt this Period  
100.00

**C. Jeffrey Chodakewitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : A2015-1725186**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 35 OF 186
	<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"/> 17	<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**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Chodakewitz</b>		Date of Receipt
Mailing Address 50 Northern Aveue		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City State Zip Code Boston MA 02115		<b>Transaction ID : A2015-1910781</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive Vice President GMDA & Chi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Chodakewitz</b>		Date of Receipt
Mailing Address 50 Northern Aveue		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City State Zip Code Boston MA 02115		<b>Transaction ID : A2015-1990869</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive Vice President GMDA & Chi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Chodakewitz</b>		Date of Receipt
Mailing Address 50 Northern Aveue		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Boston MA 02115		<b>Transaction ID : A2015-2196912</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive Vice President GMDA & Chi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 36 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349969**  
 Amount of Each Receipt this Period  
 100.00

**B. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389167**  
 Amount of Each Receipt this Period  
 100.00

**C. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389110**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 37 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553212**  
 Amount of Each Receipt this Period  
 100.00

**B. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579518**  
 Amount of Each Receipt this Period  
 100.00

**C. Jeffrey Chodakewitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Vice President GMDA & Chi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818637**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 38 OF 186
	<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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Chodakewitz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2015 <b>Transaction ID : A2015-2818580</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Executive Vice President GMDA & Chi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) <b>B. Kerry Costello</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : A2015-1725108</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Kerry Costello</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015 <b>Transaction ID : A2015-1725152</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 39 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725195**  
 Amount of Each Receipt this Period  
 25.00

**B. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910789**  
 Amount of Each Receipt this Period  
 25.00

**C. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990877**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 40 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Kerry Costello**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196920**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kerry Costello**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349977**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Kerry Costello**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389175**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 41 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389118**  
 Amount of Each Receipt this Period  
 25.00

**B. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553220**  
 Amount of Each Receipt this Period  
 25.00

**C. Kerry Costello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579526**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 42 OF 186
	<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"/> 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. Kerry Costello**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A2015-2818644**

Amount of Each Receipt this Period  

25.00
-------

**B. Kerry Costello**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : A2015-2818587**

Amount of Each Receipt this Period  

25.00
-------

**C. Kevin Coughlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A2015-1725096**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 43 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Kevin Coughlin**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725140**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kevin Coughlin**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725184**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. Kevin Coughlin**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910779**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 44 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015  
**Transaction ID : A2015-1725087**  
Amount of Each Receipt this Period  
50.00

**B. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015  
**Transaction ID : A2015-1725131**  
Amount of Each Receipt this Period  
50.00

**C. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 07 / 2015  
**Transaction ID : A2015-1725175**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 45 OF 186
	<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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Scott Fields</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2015 <b>Transaction ID : A2015-1910770</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Fields</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2015 <b>Transaction ID : A2015-1990859</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Fields</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : A2015-2196902</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 46 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Scott Fields**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349959**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Scott Fields**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389157**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Scott Fields**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389100**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 47 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1150.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : A2015-2553202**  
Amount of Each Receipt this Period **50.00**

**B. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : A2015-2579508**  
Amount of Each Receipt this Period **50.00**

**C. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1250.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : A2015-2818627**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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 48 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Scott Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
12 / 24 / 2015  
**Transaction ID : A2015-2818570**  
Amount of Each Receipt this Period  
50.00

**B. Kerry Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : A2015-1725102**  
Amount of Each Receipt this Period  
50.00

**C. Kerry Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
07 / 24 / 2015  
**Transaction ID : A2015-1725146**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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

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(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. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725190**  
 Amount of Each Receipt this Period  
 50.00

**B. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910785**  
 Amount of Each Receipt this Period  
 50.00

**C. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP 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 / 04 / 2015  
**Transaction ID : A2015-1990873**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 150.00  
**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 50 OF 186  
(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. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196916**  
 Amount of Each Receipt this Period  
 50.00

**B. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349973**  
 Amount of Each Receipt this Period  
 50.00

**C. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389171**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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

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(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. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389114**  
 Amount of Each Receipt this Period  
 50.00

**B. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553216**  
 Amount of Each Receipt this Period  
 50.00

**C. Kerry Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579522**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 52 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Kerry Flynn**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A2015-2818641**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Kerry Flynn**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President and Chief IP Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
**12 / 24 / 2015**  
**Transaction ID : A2015-2818584**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**c. Thomas Gandek**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2389158**

Amount of Each Receipt this Period  
**10.00**

**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 53 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas Gandek**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2389101**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas Gandek**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : A2015-2553203**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**c. Thomas Gandek**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

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  
**11 / 27 / 2015**

**Transaction ID : A2015-2579509**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 54 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas Gandek**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818628**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Gandek**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

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  
 12 / 24 / 2015  
**Transaction ID : A2015-2818571**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. John Hebert**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Sr. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 201.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389119**

Amount of Each Receipt this Period  
 9.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 29.00

**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 55 OF 186  
(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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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. John Hebert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : A2015-2553221**  
Amount of Each Receipt this Period  
9.00

**B. John Hebert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 219.00

Date of Receipt  
11 / 27 / 2015  
**Transaction ID : A2015-2579527**  
Amount of Each Receipt this Period  
9.00

**C. John Hebert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A2015-2818645**  
Amount of Each Receipt this Period  
9.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27.00  
**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 56 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. John Hebert**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **237.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2015**  
**Transaction ID : A2015-2818588**  
 Amount of Each Receipt this Period  
**9.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Danyel Henry**  
 Mailing Address 1050 K Street NW Ste 850  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**  
**Transaction ID : A2015-1725095**  
 Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Danyel Henry**  
 Mailing Address 1050 K Street NW Ste 850  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2015**  
**Transaction ID : A2015-1725139**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **89.00**  
**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 57 OF 186  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Danyel Henry**

Mailing Address 1050 K Street NW  
Ste 850

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**890.00**

Date of Receipt  
**08 / 07 / 2015**

**Transaction ID : A2015-1725183**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Danyel Henry**

Mailing Address 1050 K Street NW  
Ste 850

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**930.00**

Date of Receipt  
**08 / 21 / 2015**

**Transaction ID : A2015-1910778**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Danyel Henry**

Mailing Address 1050 K Street NW  
Ste 850

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**970.00**

Date of Receipt  
**09 / 04 / 2015**

**Transaction ID : A2015-1990867**

Amount of Each Receipt this Period  
**40.00**

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

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

**120.00**

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

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

FOR LINE NUMBER: PAGE 58 OF 186  
(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. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1010.00**

Date of Receipt **09 / 17 / 2015**  
**Transaction ID : A2015-2196910**  
Amount of Each Receipt this Period **40.00**

**B. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 02 / 2015**  
**Transaction ID : A2015-2349967**  
Amount of Each Receipt this Period **40.00**

**C. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1090.00**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : A2015-2389165**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**  
**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 59 OF 186
	(check only one)	
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<input type="checkbox"/> 13	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Danyel Henry</b>		Date of Receipt
Mailing Address 1050 K Street NW Ste 850		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2015-2389108</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1130.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Danyel Henry</b>		Date of Receipt
Mailing Address 1050 K Street NW Ste 850		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2015-2553210</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1170.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Danyel Henry</b>		Date of Receipt
Mailing Address 1050 K Street NW Ste 850		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2015-2579516</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 60 OF 186
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	<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"/> 17	

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

**A. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1250.00**

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A2015-2818635**  
Amount of Each Receipt this Period  
**40.00**

**B. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1290.00**

Date of Receipt  
**12 / 24 / 2015**  
**Transaction ID : A2015-2818578**  
Amount of Each Receipt this Period  
**40.00**

**C. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Avenue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt  
**07 / 10 / 2015**  
**Transaction ID : A2015-1725097**  
Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**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 61 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725141**  
 Amount of Each Receipt this Period  
 25.00

**B. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725185**  
 Amount of Each Receipt this Period  
 25.00

**C. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910780**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 62 OF 186  
(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. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990868**  
 Amount of Each Receipt this Period  
 25.00

**B. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196911**  
 Amount of Each Receipt this Period  
 25.00

**C. Paul Hodgkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 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  
 10 / 02 / 2015  
**Transaction ID : A2015-2349968**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 63 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Paul Hodgkins</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>16</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : A2015-2389166</b>			M	M	/	D	D	/	Y	Y	Y	Y	10			16			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			16			2015																			
Mailing Address 50 Northern Avenue			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>			25.00																			
25.00																									
City Boston	State MA	Zip Code 02115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">525.00</td> </tr> </table>			525.00																				
525.00																									

Full Name (Last, First, Middle Initial) <b>B. Paul Hodgkins</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>30</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : A2015-2389109</b>			M	M	/	D	D	/	Y	Y	Y	Y	10			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			30			2015																			
Mailing Address 50 Northern Avenue			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>			25.00																			
25.00																									
City Boston	State MA	Zip Code 02115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">550.00</td> </tr> </table>			550.00																				
550.00																									

Full Name (Last, First, Middle Initial) <b>C. Paul Hodgkins</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>13</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : A2015-2553211</b>			M	M	/	D	D	/	Y	Y	Y	Y	11			13			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
11			13			2015																			
Mailing Address 50 Northern Avenue			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>			25.00																			
25.00																									
City Boston	State MA	Zip Code 02115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">575.00</td> </tr> </table>			575.00																				
575.00																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"><tr><td colspan="10" style="text-align: right;">75.00</td></tr></table>	75.00									
75.00											
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td colspan="10" style="text-align: right;"> </td></tr></table>										

**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 64 OF 186
	<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"/> 17

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

**A. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Avenue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2015

**Transaction ID : A2015-2579517**

Amount of Each Receipt this Period  

25.00
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**B. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Avenue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	11	/	2015

**Transaction ID : A2015-2818636**

Amount of Each Receipt this Period  

25.00
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**C. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Avenue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

**Transaction ID : A2015-2818579**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 65 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas Hoock**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389162**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Hoock**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389105**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Thomas Hoock**  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553207**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 66 OF 186  
(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. Thomas Hoock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579513**  
 Amount of Each Receipt this Period  
 10.00

**B. Thomas Hoock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818632**  
 Amount of Each Receipt this Period  
 10.00

**C. Thomas Hoock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Principal Research Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818575**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 67 OF 186  
(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. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725089**  
 Amount of Each Receipt this Period  
 50.00

**B. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725133**  
 Amount of Each Receipt this Period  
 50.00

**C. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725177**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 68 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910772**  
 Amount of Each Receipt this Period  
 50.00

**B. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 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 / 04 / 2015  
**Transaction ID : A2015-1990861**  
 Amount of Each Receipt this Period  
 50.00

**C. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196904**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 69 OF 186
	<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"/> 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. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2349961**

Amount of Each Receipt this Period 50.00

**B. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2389159**

Amount of Each Receipt this Period 50.00

**C. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President CMC & Preclinica

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2389102**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 70 OF 186
	<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"/> 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. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Vice President CMC & Preclinica
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

**Transaction ID : A2015-2553204**

Amount of Each Receipt this Period  

50.00
-------

**B. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Vice President CMC & Preclinica
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : A2015-2579510**

Amount of Each Receipt this Period  

50.00
-------

**C. Patricia Hurter**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Vice President CMC & Preclinica
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A2015-2818629**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 71 OF 186  
(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. Patricia Hurter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 Date of Receipt: 12 / 24 / 2015  
**Transaction ID : A2015-2818572**  
 Amount of Each Receipt this Period: 50.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Vertex Pharmaceuticals Incorporated Occupation: Sr. Vice President CMC & Preclinica  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 1300.00

**B. Michelle Jacquis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 Date of Receipt: 07 / 10 / 2015  
**Transaction ID : A2015-1725113**  
 Amount of Each Receipt this Period: 50.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Vertex Pharmaceuticals Incorporated Occupation: Associate Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 550.00

**C. Michelle Jacquis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 Date of Receipt: 07 / 24 / 2015  
**Transaction ID : A2015-1725157**  
 Amount of Each Receipt this Period: 50.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Vertex Pharmaceuticals Incorporated Occupation: Associate Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 600.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 72 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michelle Jacquis**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2015**

**Transaction ID : A2015-1725200**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Michelle Jacquis**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : A2015-1910794**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Michelle Jacquis**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : A2015-1990882**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 73 OF 186
<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. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : A2015-2196925**

Amount of Each Receipt this Period  

50.00
-------

**B. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2349982**

Amount of Each Receipt this Period  

50.00
-------

**C. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2389180**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 74 OF 186
	<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"/> 17	

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

**A. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2389123**

Amount of Each Receipt this Period  
 **50.00**

**B. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 13 / 2015**

**Transaction ID : A2015-2553225**

Amount of Each Receipt this Period  
 **50.00**

**C. Michelle Jacquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 27 / 2015**

**Transaction ID : A2015-2579531**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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 75 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Michelle Jacquis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818649**  
 Amount of Each Receipt this Period  
 50.00

**B. Michelle Jacquis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818592**  
 Amount of Each Receipt this Period  
 50.00

**C. Craig Jerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389145**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 76 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Craig Jerman**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389088**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Craig Jerman**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553190**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Craig Jerman**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

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  
 11 / 27 / 2015  
**Transaction ID : A2015-2579496**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 77 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Craig Jerman**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2015**

**Transaction ID : A2015-2818615**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Craig Jerman**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

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  
**12 / 24 / 2015**

**Transaction ID : A2015-2818558**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Dawn Kalmar**

Mailing Address 50 Northern Avenue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : A2015-1725090**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.00**

**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 78 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725134**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725178**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910773**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 79 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990862**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196905**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349962**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 80 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389160**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389103**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553205**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
**11 / 27 / 2015**  
**Transaction ID : A2015-2579511**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A2015-2818630**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Dawn Kalmar**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
**12 / 24 / 2015**  
**Transaction ID : A2015-2818573**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 82 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Kyle Kamrath**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349979**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Kyle Kamrath**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389177**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Kyle Kamrath**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389120**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 83 OF 186  
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 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. Kyle Kamrath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553222**  
 Amount of Each Receipt this Period  
 10.00

**B. Kyle Kamrath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579528**  
 Amount of Each Receipt this Period  
 10.00

**C. Kyle Kamrath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818646**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 84 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Kyle Kamrath**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

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  
 12 / 24 / 2015  
**Transaction ID : A2015-2818589**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Jim Larsen**

Mailing Address 50 Northern Avenue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725076**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Jim Larsen**

Mailing Address 50 Northern Avenue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725120**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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

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 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. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725164**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910759**  
 Amount of Each Receipt this Period  
 25.00

**C. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990848**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 86 OF 186  
(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. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196891**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349948**  
 Amount of Each Receipt this Period  
 25.00

**C. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389146**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 87 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389089**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553191**  
 Amount of Each Receipt this Period  
 25.00

**C. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579497**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818616**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818559**  
 Amount of Each Receipt this Period  
 25.00

**C. Yusheng Liao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725099**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 89 OF 186
	<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"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Yusheng Liao</b>			Date of Receipt
Mailing Address 50 Northern Aveue			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-1725143</b>
Boston	MA	02115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Sr. Research Scientist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Yusheng Liao</b>			Date of Receipt
Mailing Address 50 Northern Aveue			<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-1725187</b>
Boston	MA	02115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Sr. Research Scientist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Yusheng Liao</b>			Date of Receipt
Mailing Address 50 Northern Aveue			<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-1910782</b>
Boston	MA	02115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Sr. Research Scientist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 90 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Yusheng Liao**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Sr. Research Scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990870**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Yusheng Liao**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Sr. Research Scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196913**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Yusheng Liao**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Sr. Research Scientist

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  
 10 / 02 / 2015  
**Transaction ID : A2015-2349970**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 91 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Yusheng Liao**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2389168**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Yusheng Liao**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2389111**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Yusheng Liao**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : A2015-2553213**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 92 OF 186
	<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"/> 17

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

**A. Yusheng Liao**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 27 / 2015**  
**Transaction ID : A2015-2579519**  
Amount of Each Receipt this Period **25.00**

**B. Yusheng Liao**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **625.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : A2015-2818638**  
Amount of Each Receipt this Period **25.00**

**C. Yusheng Liao**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Research Scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **650.00**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : A2015-2818581**  
Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**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 93 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **224.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**  
**Transaction ID : A2015-1725077**  
 Amount of Each Receipt this Period  
**16.00**

Full Name (Last, First, Middle Initial)  
**B. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 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  
**07 / 24 / 2015**  
**Transaction ID : A2015-1725121**  
 Amount of Each Receipt this Period  
**16.00**

Full Name (Last, First, Middle Initial)  
**C. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **256.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2015**  
**Transaction ID : A2015-1725165**  
 Amount of Each Receipt this Period  
**16.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **48.00**  
**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 94 OF 186
<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. Jean Lough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2015  
**Transaction ID : A2015-1910760**  
Amount of Each Receipt this Period  
44.90

**B. Jean Lough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.80

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015  
**Transaction ID : A2015-1990849**  
Amount of Each Receipt this Period  
44.90

**C. Jean Lough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.70

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2015  
**Transaction ID : A2015-2196892**  
Amount of Each Receipt this Period  
28.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.70  
**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 95 OF 186
	<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"/> 17

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

**A. Jean Lough**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2349949**

Amount of Each Receipt this Period  
**28.90**

**B. Jean Lough**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2389147**

Amount of Each Receipt this Period  
**28.90**

**C. Jean Lough**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2389090**

Amount of Each Receipt this Period  
**28.90**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **86.70**

**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 96 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.30

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553192**  
 Amount of Each Receipt this Period  
 28.90

Full Name (Last, First, Middle Initial)  
**B. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.20

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579498**  
 Amount of Each Receipt this Period  
 28.90

Full Name (Last, First, Middle Initial)  
**C. Jean Lough**  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 548.10

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818617**  
 Amount of Each Receipt this Period  
 28.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.70  
**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 97 OF 186
	<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"/> 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. Jean Lough**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.00**

Date of Receipt  
**12 / 24 / 2015**  
Transaction ID : **A2015-2818560**

Amount of Each Receipt this Period  
**28.90**

**B. Eustacia MacNaught**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Avenue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**11 / 27 / 2015**  
Transaction ID : **A2015-2579541**

Amount of Each Receipt this Period  
**50.00**

**C. Eustacia MacNaught**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Avenue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 11 / 2015**  
Transaction ID : **A2015-2818659**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **128.90**

**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 98 OF 186
<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**

Full Name (Last, First, Middle Initial) <b>A. Eustacia MacNaught</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2015 <b>Transaction ID : A2015-2818602</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. William Markland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : A2015-1725100</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. William Markland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2015 <b>Transaction ID : A2015-1725144</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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

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(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**

Full Name (Last, First, Middle Initial)  
**A. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

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  
**08 / 07 / 2015**

**Transaction ID : A2015-1725188**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : A2015-1910783**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : A2015-1990871**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 100 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
**09 / 17 / 2015**  
**Transaction ID : A2015-2196914**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2349971**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2389169**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2389112**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : A2015-2553214**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 27 / 2015**  
**Transaction ID : A2015-2579520**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 102 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2015**

**Transaction ID : A2015-2818639**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. William Markland**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : A2015-2818582**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : A2015-1725083**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**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 103 OF 186
<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. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
07 / 24 / 2015  
**Transaction ID : A2015-1725127**

Amount of Each Receipt this Period  
75.00

**B. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : A2015-1725171**

Amount of Each Receipt this Period  
75.00

**C. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A2015-1910766**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 104 OF 186
	<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"/> 17

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

**A. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990855**

Amount of Each Receipt this Period  
 75.00

**B. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196898**

Amount of Each Receipt this Period  
 75.00

**C. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349955**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389153**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389096**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**C. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553198**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 11 / 27 / 2015  
**Transaction ID : A2015-2579504**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1875.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : A2015-2818623**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**C. Michael Mattoon**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 12 / 24 / 2015  
**Transaction ID : A2015-2818566**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 107 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Tara McCarthy**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**07 / 10 / 2015**  
**Transaction ID : A2015-1725103**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Tara McCarthy**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**07 / 24 / 2015**  
**Transaction ID : A2015-1725147**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**c. Tara McCarthy**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**08 / 07 / 2015**  
**Transaction ID : A2015-1725191**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 108 OF 186
	<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"/> 17

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

**A. Tara McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : A2015-1910786**

Amount of Each Receipt this Period  

50.00
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**B. Tara McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

**Transaction ID : A2015-1990874**

Amount of Each Receipt this Period  

50.00
-------

**c. Tara McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : A2015-2196917**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Tara McCarthy**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349974**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tara McCarthy**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389172**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. Tara McCarthy**  
 Mailing Address 50 Northern Aveue  
 City State Zip Code  
 Boston MA 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389115**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 110 OF 186
	<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"/> 17

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

**A. Tara McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : A2015-2553217**  
Amount of Each Receipt this Period  
50.00

**B. Tara McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
11 / 27 / 2015  
**Transaction ID : A2015-2579523**  
Amount of Each Receipt this Period  
50.00

**C. Douglas McConnell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : A2015-1725105**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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

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

Full Name (Last, First, Middle Initial)  
**A. Douglas McConnell**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : A2015-1725149**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**B. Tracey A Meeks**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : A2015-1725112**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**C. Tracey A Meeks**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : A2015-1725156**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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

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

Full Name (Last, First, Middle Initial)  
**A. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725199**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910793**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990881**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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

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

Full Name (Last, First, Middle Initial)  
**A. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196924**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349981**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389179**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

Full Name (Last, First, Middle Initial)  
**A. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389122**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553224**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579530**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818648**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tracey A Meeks**  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818591**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. David Nadig**  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
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 11 / 13 / 2015  
**Transaction ID : A2015-2553236**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. David Nadig**  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579542**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. David Nadig**  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818660**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. David Nadig**  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 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  
 12 / 24 / 2015  
**Transaction ID : A2015-2818603**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725093**  
 Amount of Each Receipt this Period  
 15.00

**B. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725137**  
 Amount of Each Receipt this Period  
 15.00

**C. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
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 08 / 07 / 2015  
**Transaction ID : A2015-1725181**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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

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

**A. Paul Negulescu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11010 Torreyana Road  
City San Diego State CA Zip Code 92121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : A2015-1910776**  
Amount of Each Receipt this Period **15.00**

**B. Paul Negulescu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11010 Torreyana Road  
City San Diego State CA Zip Code 92121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 04 / 2015**  
**Transaction ID : A2015-1990865**  
Amount of Each Receipt this Period **15.00**

**C. Paul Negulescu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11010 Torreyana Road  
City San Diego State CA Zip Code 92121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 17 / 2015**  
**Transaction ID : A2015-2196908**  
Amount of Each Receipt this Period **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349965**  
 Amount of Each Receipt this Period  
 15.00

**B. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389163**  
 Amount of Each Receipt this Period  
 15.00

**C. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389106**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553208**  
 Amount of Each Receipt this Period  
 15.00

**B. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579514**  
 Amount of Each Receipt this Period  
 15.00

**C. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818633**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
 13     14     15     16     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. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11010 Torreyana Road  
 City San Diego State CA Zip Code 92121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President San Diego Resea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818576**  
 Amount of Each Receipt this Period  
 15.00

**B. Kathleen O'Connor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.63

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579543**  
 Amount of Each Receipt this Period  
 33.09

**C. Kathleen O'Connor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.63

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818661**  
 Amount of Each Receipt this Period  
 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.09  
**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 122 OF 186
	<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"/> 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. Kathleen O'Connor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818604**  
 Amount of Each Receipt this Period  
 5.00

**B. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725080**  
 Amount of Each Receipt this Period  
 100.00

**C. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725124**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**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 123 OF 186
	<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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Richard Olson</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2015 <b>Transaction ID : A2015-1725168</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Olson</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2015 <b>Transaction ID : A2015-1910763</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Olson</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2015 <b>Transaction ID : A2015-1990852</b>
Mailing Address 50 Northern Aveue		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C	Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Sr. Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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

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(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. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196895**  
 Amount of Each Receipt this Period  
 100.00

**B. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349952**  
 Amount of Each Receipt this Period  
 100.00

**C. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389150**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 125 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389093**  
 Amount of Each Receipt this Period  
 100.00

**B. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553195**  
 Amount of Each Receipt this Period  
 100.00

**C. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579501**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 126 OF 186
	<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"/> 17

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

**A. Richard Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : A2015-2818620**  
Amount of Each Receipt this Period  
100.00

**B. Richard Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt  
12 / 24 / 2015  
**Transaction ID : A2015-2818563**  
Amount of Each Receipt this Period  
100.00

**C. Gary Palladino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Aveue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
07 / 10 / 2015  
**Transaction ID : A2015-1725115**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 127 OF 186  
(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. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725159**  
 Amount of Each Receipt this Period  
 100.00

**B. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725202**  
 Amount of Each Receipt this Period  
 100.00

**C. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 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  
 08 / 21 / 2015  
**Transaction ID : A2015-1910796**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 128 OF 186  
(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. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990884**  
 Amount of Each Receipt this Period  
 100.00

**B. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196927**  
 Amount of Each Receipt this Period  
 100.00

**C. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349984**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 129 OF 186  
(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. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389182**  
 Amount of Each Receipt this Period  
 100.00

**B. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389125**  
 Amount of Each Receipt this Period  
 100.00

**C. Gary Palladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President Human Resources  
 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  
 11 / 13 / 2015  
**Transaction ID : A2015-2553227**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 130 OF 186
	<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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Gary Palladino</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2015 <b>Transaction ID : A2015-2579533</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 100.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Sr. Vice President Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1900.00			

Full Name (Last, First, Middle Initial) <b>B. Gary Palladino</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015 <b>Transaction ID : A2015-2818651</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 100.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Sr. Vice President Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>C. Gary Palladino</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 <b>Transaction ID : A2015-2818594</b>		
Mailing Address 50 Northern Aveue			Amount of Each Receipt this Period 100.00		
City Boston	State MA	Zip Code 02115			
FEC ID number of contributing federal political committee. C					
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Sr. Vice President Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2100.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Michael Partridge**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725081**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Michael Partridge**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725125**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Michael Partridge**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725169**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 132 OF 186
	<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"/> 17

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

**A. Michael Partridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : A2015-1910764**

Amount of Each Receipt this Period  
**40.00**

**B. Michael Partridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : A2015-1990853**

Amount of Each Receipt this Period  
**40.00**

**C. Michael Partridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : A2015-2196896**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

**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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2349953**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : A2015-2389151**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : A2015-2389094**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **120.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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

Full Name (Last, First, Middle Initial)  
**A. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : A2015-2553196**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
**11 / 27 / 2015**  
**Transaction ID : A2015-2579502**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Partridge**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**12 / 11 / 2015**  
**Transaction ID : A2015-2818621**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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

Full Name (Last, First, Middle Initial)  
**A. Michael Partridge**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818564**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Paul Pereira**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725111**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Paul Pereira**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725155**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725198**  
 Amount of Each Receipt this Period  
 50.00

**B. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910792**  
 Amount of Each Receipt this Period  
 50.00

**C. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 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 / 04 / 2015  
**Transaction ID : A2015-1990880**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196923**  
 Amount of Each Receipt this Period  
 50.00

**B. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349980**  
 Amount of Each Receipt this Period  
 50.00

**C. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389178**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389121**  
 Amount of Each Receipt this Period  
 50.00

**B. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553223**  
 Amount of Each Receipt this Period  
 50.00

**C. Paul Pereira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 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  
 11 / 27 / 2015  
**Transaction ID : A2015-2579529**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 139 OF 186
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<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. Paul Pereira**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : A2015-2818647**  
Amount of Each Receipt this Period  
50.00

**B. Paul Pereira**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2015  
**Transaction ID : A2015-2818590**  
Amount of Each Receipt this Period  
50.00

**C. John Pietryka**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Avenue  
City Boston State MA Zip Code 02115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2015  
**Transaction ID : A2015-1725106**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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 13     14     15     16     17

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

**A. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725150**  
 Amount of Each Receipt this Period  
 25.00

**B. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 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  
 08 / 07 / 2015  
**Transaction ID : A2015-1725193**  
 Amount of Each Receipt this Period  
 25.00

**C. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910788**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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

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 13     14     15     16     17

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

**A. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990876**  
 Amount of Each Receipt this Period  
 25.00

**B. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196919**  
 Amount of Each Receipt this Period  
 25.00

**C. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 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  
 10 / 02 / 2015  
**Transaction ID : A2015-2349976**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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

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 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. John Pietryka**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2389174**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. John Pietryka**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2389117**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. John Pietryka**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : A2015-2553219**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)  
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 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. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 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  
 11 / 27 / 2015  
**Transaction ID : A2015-2579525**  
 Amount of Each Receipt this Period  
 25.00

**B. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818643**  
 Amount of Each Receipt this Period  
 25.00

**C. John Pietryka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Avenue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Scientist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818586**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 144 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Rachel Radomski**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**07 / 10 / 2015**  
**Transaction ID : A2015-1725078**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Rachel Radomski**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**07 / 24 / 2015**  
**Transaction ID : A2015-1725122**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Rachel Radomski**

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**08 / 07 / 2015**  
**Transaction ID : A2015-1725166**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 145 OF 186  
(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. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 453.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910761**  
 Amount of Each Receipt this Period  
 53.90

**B. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990850**  
 Amount of Each Receipt this Period  
 53.90

**C. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 536.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196893**  
 Amount of Each Receipt this Period  
 28.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.70  
**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 146 OF 186  
(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. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349950**  
 Amount of Each Receipt this Period  
 28.90

**B. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 594.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389148**  
 Amount of Each Receipt this Period  
 28.90

**C. Rachel Radomski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 623.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389091**  
 Amount of Each Receipt this Period  
 28.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.70  
**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 147 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Rachel Radomski</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>13</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : A2015-2553193</b>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	13	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	13	/	2015									
Mailing Address 1050 K Street NW			Amount of Each Receipt this Period <table border="1"> <tr> <td>28.90</td> </tr> </table>	28.90									
28.90													
City Washington	State DC	Zip Code 20001											
FEC ID number of contributing federal political committee. C													
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>652.30</td> </tr> </table>		652.30										
652.30													

Full Name (Last, First, Middle Initial) <b>B. Rachel Radomski</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>27</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : A2015-2579499</b>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	27	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	27	/	2015									
Mailing Address 1050 K Street NW			Amount of Each Receipt this Period <table border="1"> <tr> <td>28.90</td> </tr> </table>	28.90									
28.90													
City Washington	State DC	Zip Code 20001											
FEC ID number of contributing federal political committee. C													
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>681.20</td> </tr> </table>		681.20										
681.20													

Full Name (Last, First, Middle Initial) <b>C. Rachel Radomski</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>11</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : A2015-2818618</b>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	11	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12	/	11	/	2015									
Mailing Address 1050 K Street NW			Amount of Each Receipt this Period <table border="1"> <tr> <td>28.90</td> </tr> </table>	28.90									
28.90													
City Washington	State DC	Zip Code 20001											
FEC ID number of contributing federal political committee. C													
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Associate Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>710.10</td> </tr> </table>		710.10										
710.10													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>86.70</td> </tr> </table>	86.70
86.70		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 148 OF 186
	<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"/> 17

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

**A. Rachel Radomski**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **739.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : A2015-2818561**

Amount of Each Receipt this Period  
**28.90**

**B. Gregg Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2389170**

Amount of Each Receipt this Period  
**10.00**

**C. Gregg Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2389113**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **48.90**

**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 149 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Gregg Rasmussen**

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

**Transaction ID : A2015-2553215**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**B. Gregg Rasmussen**

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

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
11	/	27	/	2015

**Transaction ID : A2015-2579521**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**C. Gregg Rasmussen**

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02115
----------------	-------------	-------------------

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : A2015-2818640**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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 150 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Gregg Rasmussen**

Mailing Address 50 Northern Ave

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Director

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  
 12 / 24 / 2015  
**Transaction ID : A2015-2818583**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Joel A Schulman**

Mailing Address 50 Northern Avenue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : A2015-2381753**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Paul Silva**

Mailing Address 50 Northern Avenue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Sr. Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725091**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

**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 151 OF 186  
(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. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725135**  
 Amount of Each Receipt this Period  
 50.00

**B. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725179**  
 Amount of Each Receipt this Period  
 50.00

**C. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910774**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 152 OF 186
	<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"/> 17

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

**A. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990863**

Amount of Each Receipt this Period  
 50.00

**B. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196906**

Amount of Each Receipt this Period  
 50.00

**C. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
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 10 / 02 / 2015  
**Transaction ID : A2015-2349963**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389161**  
 Amount of Each Receipt this Period  
 50.00

**B. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389104**  
 Amount of Each Receipt this Period  
 50.00

**C. Paul Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553206**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 154 OF 186
	<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"/> 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. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579512**

Amount of Each Receipt this Period  
 50.00

**B. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818631**

Amount of Each Receipt this Period  
 50.00

**C. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818574**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : A2015-1725094**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : A2015-1725138**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725182**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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

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 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. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910777**  
 Amount of Each Receipt this Period  
 50.00

**B. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990866**  
 Amount of Each Receipt this Period  
 50.00

**C. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196909**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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

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 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349966**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389164**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Arthur Smith**

Mailing Address 50 Northern Aveue

City State Zip Code  
 Boston MA 02115

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

Name of Employer Occupation  
 Vertex Pharmaceuticals Incorporated Associate Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389107**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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

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 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. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553209**  
 Amount of Each Receipt this Period  
 50.00

**B. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 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  
 11 / 27 / 2015  
**Transaction ID : A2015-2579515**  
 Amount of Each Receipt this Period  
 50.00

**C. Arthur Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818634**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 159 OF 186
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	<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"/> 17	<input type="checkbox"/> 17

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

**A. Arthur Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : A2015-2818577**

Amount of Each Receipt this Period  
**50.00**

**B. Ian Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : A2015-1725072**

Amount of Each Receipt this Period  
**150.00**

**C. Ian Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2015**

**Transaction ID : A2015-1725116**

Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> 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

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

**A. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2015-1725160**  
 Amount of Each Receipt this Period  
 150.00

**B. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2015-1910755**  
 Amount of Each Receipt this Period  
 150.00

**C. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : A2015-1990844**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 161 OF 186  
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 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. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : A2015-2196887**  
 Amount of Each Receipt this Period  
 150.00

**B. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2349944**  
 Amount of Each Receipt this Period  
 150.00

**C. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2389142**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 162 OF 186  
(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. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2389085**  
 Amount of Each Receipt this Period  
 150.00

**B. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : A2015-2553187**  
 Amount of Each Receipt this Period  
 150.00

**C. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : A2015-2579493**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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

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(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. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818612**  
 Amount of Each Receipt this Period  
 150.00

**B. Ian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Executive VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : A2015-2818555**  
 Amount of Each Receipt this Period  
 150.00

**C. Brian Tinmouth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Aveue  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : A2015-2818666**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 164 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Brian Tinmouth**

Mailing Address 50 Northern Aveue

City Boston State MA Zip Code 02115

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

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  
**12 / 24 / 2015**

**Transaction ID : A2015-2818609**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Samantha Ventimiglia**

Mailing Address 1050 K Street NW Ste 850

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : A2015-1725073**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**c. Ms. Samantha Ventimiglia**

Mailing Address 1050 K Street NW Ste 850

City Washington State DC Zip Code 20001

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2015**

**Transaction ID : A2015-1725117**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

**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 165 OF 186  
(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. Ms. Samantha Ventimiglia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2015  
**Transaction ID : A2015-1725161**  
Amount of Each Receipt this Period  
150.00

**B. Ms. Samantha Ventimiglia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2015  
**Transaction ID : A2015-1910756**  
Amount of Each Receipt this Period  
150.00

**C. Ms. Samantha Ventimiglia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW  
Ste 850  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015  
**Transaction ID : A2015-1990845**  
Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 166 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Samantha Ventimiglia</b>			Date of Receipt MM / DD / YYYY 09 / 17 / 2015 <b>Transaction ID : A2015-2196888</b>
Mailing Address 1050 K Street NW Ste 850			Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2850.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Samantha Ventimiglia</b>			Date of Receipt MM / DD / YYYY 10 / 02 / 2015 <b>Transaction ID : A2015-2349945</b>
Mailing Address 1050 K Street NW Ste 850			Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3000.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Samantha Ventimiglia</b>			Date of Receipt MM / DD / YYYY 10 / 16 / 2015 <b>Transaction ID : A2015-2389143</b>
Mailing Address 1050 K Street NW Ste 850			Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3150.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 167 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Samantha Ventimiglia</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address 1050 K Street NW Ste 850			<b>Transaction ID : A2015-2389086</b>
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period <b>150.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>3300.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Ms. Samantha Ventimiglia</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>11 / 13 / 2015</b>
Mailing Address 1050 K Street NW Ste 850			<b>Transaction ID : A2015-2553188</b>
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period <b>150.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>3450.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Ms. Samantha Ventimiglia</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>11 / 27 / 2015</b>
Mailing Address 1050 K Street NW Ste 850			<b>Transaction ID : A2015-2579494</b>
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period <b>150.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>3600.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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 168 OF 186  
(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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Samantha Ventimiglia</b>		Date of Receipt 12 / 08 / 2015 <b>Transaction ID : A2015-2673405</b>
Mailing Address 1050 K Street NW Ste 850		Amount of Each Receipt this Period 1100.00
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4700.00
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Samantha Ventimiglia</b>		Date of Receipt 12 / 11 / 2015 <b>Transaction ID : A2015-2818613</b>
Mailing Address 1050 K Street NW Ste 850		Amount of Each Receipt this Period 150.00
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4850.00
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Samantha Ventimiglia</b>		Date of Receipt 12 / 24 / 2015 <b>Transaction ID : A2015-2818556</b>
Mailing Address 1050 K Street NW Ste 850		Amount of Each Receipt this Period 150.00
City Washington	State DC Zip Code 20001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	26374.09



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

**Transaction ID : B582142**

Amount of Each Disbursement this Period

45.20

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : B584517**

Amount of Each Disbursement this Period

45.10

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : B586595**

Amount of Each Disbursement this Period

43.87

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

134.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : B590215**

Amount of Each Disbursement this Period

47.30

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : B590216**

Amount of Each Disbursement this Period

48.61

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : B592785**

Amount of Each Disbursement this Period

46.63

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

142.54

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

276.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : B584572**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kevin McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

**Transaction ID : B586578**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Juan Vargas**

Mailing Address 330 Encinitas Blvd. Suite 101

City State Zip Code  
Encinitas CA 92024

Purpose of Disbursement  
Contribution

011

Candidate Name

**Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

**Transaction ID : B586583**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo for Congress**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Contribution

011

Candidate Name

**Anna Eshoo**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**Transaction ID : B589907**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement Contribution

011

Candidate Name

**Michael Bennet**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	5

**Transaction ID : B586585**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Blue Hen PAC**

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

**Transaction ID : B584573**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GUS PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : B589911

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for US Senate**

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**Michael D Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Transaction ID : B582138

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**John M Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Transaction ID : B584578

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sara Feigenholtz**

Mailing Address 3213 N Wilton Ave. Unit A

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sara Feigenholtz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	07	/	2015

**Transaction ID : B589927**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph S Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2015

**Transaction ID : B586582**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Contribution

011

Candidate Name

**Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : B584569**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00
---------

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

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRETPAC**

Mailing Address 504 Derek Avenue

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : B589928**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CASS PAC**

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

**Transaction ID : B582141**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Scalise Leadership Fund**

Mailing Address 317 15th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : B589901**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capuano for Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael E Capuano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

**Transaction ID : B582137**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Joe Kennedy for Congress**

Mailing Address P.O. Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph P Kennedy III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : B584576**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Re-elect McGovern Committee**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Contribution

011

Candidate Name

**James P McGovern**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : B584577**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Niki Tsongas Committee**

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement Contribution

011

Candidate Name

**Nicola S Tsongas**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

Transaction ID : B584579

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Massachusetts Republican Party - Federal Acct**

Mailing Address 85 Merrimac Street Suite 400

City Boston State MA Zip Code 02114

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : B538285

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 10/24/14

Full Name (Last, First, Middle Initial)

**C. Re-Elect McGovern Committee**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement Contribution

011

Candidate Name

**James P McGovern**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : B532716

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated 09/09/14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clark for Congress**

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement  
Contribution

011

Candidate Name

**Katherine Clark**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**Transaction ID : B589905**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Stephen F. Lynch for Congress Committee**

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Contribution

011

Candidate Name

**Stephen F Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**Transaction ID : B589908**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Debbie Dingell for Congress**

Mailing Address 19855 W. Outer Dr. #103AE

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
Contribution

011

Candidate Name

**Debbie Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

**Transaction ID : B582140**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peters for Michigan**

Mailing Address P.O. Box 226

City Bloomfield State MI Zip Code 48303

Purpose of Disbursement Contribution

011

Candidate Name

**Gary Peters**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : B586581

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Billy Long for Congress**

Mailing Address 3246 B East Ridgeview

City Springfield State MO Zip Code 65804

Purpose of Disbursement Contribution

011

Candidate Name

**Billy Long**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : B589903

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement Contribution

011

Candidate Name

**Richard Burr**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

Transaction ID : B584571

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Butterfield for Congress Committee**

Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

011

Candidate Name

**G.K. Butterfield**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

**Transaction ID : B589909**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement Contribution

011

Candidate Name

**Kelly Ayotte**

Category/Type

Office Sought:  House  Senate  President  
State: NH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : B584582**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement Contribution

011

Candidate Name

**Ben R Lujan**

Category/Type

Office Sought:  House  Senate  President  
State: NM District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : B582139**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Martin Heinrich for Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Martin T Heinrich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : B589906**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

**Transaction ID : B584575**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

**Transaction ID : B584574**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : B589904**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address PO Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gregory Paul Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

**Transaction ID : B586579**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : B589915**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marino for Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Thomas Marino**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : B582136**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Charlie Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : B584567**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Marino for Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Thomas Marino**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : B584581**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tim Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

**Transaction ID : B586587**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. MARSHA PAC**

Mailing Address P.O. Box 3241

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : B589910**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
Contribution

011

Candidate Name

**Raymond Gene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

**Transaction ID : B584568**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Democrat Network PAC**

Mailing Address 729 15th St NW 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : B584580**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Mark Warner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: VA

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**Transaction ID : B589902**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	5

**Transaction ID : B586584**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan For Congress**

Mailing Address P.O. Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement  
Contribution

011

Candidate Name

**Paul D Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2015

**Transaction ID : B584570**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City State Zip Code  
La Crosse WI 54603

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ron J Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : B589918**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

55000.00