

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00468660 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / 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 08 / 13 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Ventimiglia, Samantha, , ,
Type or Print Name of Treasurer

Signature of Treasurer Ventimiglia, Samantha, , , [Electronically Filed] Date 10 / 14 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Vertex Pharmaceuticals Incorporated Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		47937.38
(b) Cash on Hand at Beginning of Reporting Period.....	45057.80	
(c) Total Receipts (from Line 19)	14534.84	99955.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59592.64	147892.58
7. Total Disbursements (from Line 31).....	28871.18	117171.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30721.46	30721.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12185.76	77215.02
(ii) Unitemized	2349.08	22740.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14534.84	99955.20
(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)	14534.84	99955.20
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)).....▶	14534.84	99955.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14534.84	99955.20

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	121.18	421.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	121.18	421.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	113500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3250.00	3250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28871.18	117171.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28871.18	117171.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14534.84	99955.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14534.84	99955.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	121.18	421.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	121.18	421.12

**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 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Altshuler, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Global Research and Chi
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.53

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2020

Transaction ID : A2020-1877944

Amount of Each Receipt this Period

18.09

 Memo Item

B. Altshuler, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Global Research and Chi
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.62

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2020

Transaction ID : A2020-1876952

Amount of Each Receipt this Period

18.09

 Memo Item

C. Altshuler, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Global Research and Chi
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
343.71

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2020

Transaction ID : A2020-2024896

Amount of Each Receipt this Period

18.09

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 106
<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. Altshuler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Global Research and Chi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.80

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113292
 Amount of Each Receipt this Period 18.09
 Memo Item

B. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878006
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876961
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	118.09
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 8 OF 106
<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. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024856
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113276
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Commercial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3264.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877997
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 9 OF 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876930
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024849
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113278
 Amount of Each Receipt this Period 192.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 106
<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. Attias, Philippe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Internal Audit
--	--

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 / 14 / 2020

Transaction ID : A2020-1877960

Amount of Each Receipt this Period
20.00

Memo Item

B. Attias, Philippe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Internal Audit
--	--

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
08 / 28 / 2020

Transaction ID : A2020-1876982

Amount of Each Receipt this Period
20.00

Memo Item

C. Attias, Philippe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Internal Audit
--	--

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 / 11 / 2020

Transaction ID : A2020-2024852

Amount of Each Receipt this Period
20.00

Memo Item

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 11 OF 106
<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. Attias, Philippe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Internal Audit
--	--

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
09	/	25	/	2020

Transaction ID : A2020-2113229

Amount of Each Receipt this Period
20.00

Memo Item

B. Auster, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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	/	14	/	2020

Transaction ID : A2020-1878015

Amount of Each Receipt this Period
50.00

Memo Item

C. Auster, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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
08	/	28	/	2020

Transaction ID : A2020-1876929

Amount of Each Receipt this Period
50.00

Memo Item

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 12 OF 106
<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. Auster, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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	/	11	/	2020

Transaction ID : A2020-2024951

Amount of Each Receipt this Period
50.00

Memo Item

B. Auster, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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
09	/	25	/	2020

Transaction ID : A2020-2113273

Amount of Each Receipt this Period
50.00

Memo Item

C. Barbee, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Facilities Operations
--	---

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	/	14	/	2020

Transaction ID : A2020-1877965

Amount of Each Receipt this Period
25.00

Memo Item

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 13 OF 106
<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. Barbee, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Facilities Operations
--	---

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
08		28		2020

Transaction ID : A2020-1877006

Amount of Each Receipt this Period
25.00

Memo Item

B. Barbee, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Facilities Operations
--	---

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		11		2020

Transaction ID : A2020-2024922

Amount of Each Receipt this Period
25.00

Memo Item

C. Barbee, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Facilities Operations
--	---

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
09		25		2020

Transaction ID : A2020-2113308

Amount of Each Receipt this Period
25.00

Memo Item

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 14 OF 106
<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. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 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 / 14 / 2020
Transaction ID : A2020-1877961
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 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
 08 / 28 / 2020
Transaction ID : A2020-1876998
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 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 / 11 / 2020
Transaction ID : A2020-2024851
 Amount of Each Receipt this Period 50.00
 Memo Item

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 15 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 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
 09 / 25 / 2020
Transaction ID : A2020-2113233
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Bennett, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Privacy Operations Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1878029
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bennett, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Privacy Operations Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1876996
 Amount of Each Receipt this Period
 20.00
 Memo Item

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: (check only one)	PAGE 16 OF 106
<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. Bennett, Marcy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Privacy Operations Associate Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024867

Amount of Each Receipt this Period
20.00

Memo Item

B. Bennett, Marcy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Privacy Operations Associate 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
09		25		2020

Transaction ID : A2020-2113225

Amount of Each Receipt this Period
20.00

Memo Item

C. Bleyl, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Center Account Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877969

Amount of Each Receipt this Period
20.00

Memo Item

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 17 OF 106
	<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. Bleyl, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Center Account Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : A2020-1877010

Amount of Each Receipt this Period
20.00

Memo Item

B. Bleyl, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Center Account Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024939

Amount of Each Receipt this Period
20.00

Memo Item

C. Bleyl, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Center Account Manager
--	--

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
09		25		2020

Transaction ID : A2020-2113327

Amount of Each Receipt this Period
20.00

Memo Item

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 18 OF 106
<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. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Marketing
 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 / 14 / 2020
Transaction ID : A2020-1878026
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Marketing
 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
 08 / 28 / 2020
Transaction ID : A2020-1876994
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Marketing
 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 / 11 / 2020
Transaction ID : A2020-2024860
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 19 OF 106
<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. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Marketing
 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
 09 / 25 / 2020
Transaction ID : A2020-2113230
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1878023
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1876993
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 106
<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. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024859
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113228
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Cirincione, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Modeling & Simulati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878025
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 21 OF 106
	<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

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

A. Cirincione, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Modeling & Simulati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876983
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Cirincione, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Modeling & Simulati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024874
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113247
 Amount of Each Receipt this Period 20.00
 Memo Item

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 22 OF 106
<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. Coelho, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations Pricing & Analytics Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877979
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Coelho, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations Pricing & Analytics Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877019
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Crouch, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Medical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877984
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 23 OF 106
	<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. Crouch, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Medical Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : A2020-1877017

Amount of Each Receipt this Period
30.00

Memo Item

B. Crouch, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Medical Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024944

Amount of Each Receipt this Period
30.00

Memo Item

C. Crouch, Kristin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Medical Affairs
--	---

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
09		25		2020

Transaction ID : A2020-2113330

Amount of Each Receipt this Period
30.00

Memo Item

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: (check only one)	PAGE 24 OF 106
<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. Ebert, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Medical Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2020

Transaction ID : A2020-1878002

Amount of Each Receipt this Period
30.00

Memo Item

B. Ebert, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Medical Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2020

Transaction ID : A2020-1876911

Amount of Each Receipt this Period
30.00

Memo Item

C. Ebert, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Medical Affairs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2020

Transaction ID : A2020-2024966

Amount of Each Receipt this Period
30.00

Memo Item

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: (check only one)	PAGE 25 OF 106
	<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

A. Ebert, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Medical Affairs
 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
 09 / 25 / 2020
Transaction ID : A2020-2113270
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
 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 / 14 / 2020
Transaction ID : A2020-1878016
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
 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
 08 / 28 / 2020
Transaction ID : A2020-1876914
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 106
	<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. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 950.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024861
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113277
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garry, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877977
 Amount of Each Receipt this Period 20.00
 Memo Item

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 27 OF 106
	<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. Garry, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1877023
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Garry, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024937
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 09 / 25 / 2020
Transaction ID : A2020-2113317
 Amount of Each Receipt this Period 20.00
 Memo Item

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 28 OF 106
	<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. Goldbeck, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 08 / 14 / 2020
Transaction ID : A2020-1877974
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Goldbeck, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1877009
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Goldbeck, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024934
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 29 OF 106
<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. Goldbeck, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113322
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Grieco, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **08 / 14 / 2020**
Transaction ID : A2020-1877935
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Grieco, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876960
 Amount of Each Receipt this Period 20.00
 Memo Item

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: (check only one)	PAGE 30 OF 106
<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. Grieco, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024883
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113306
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Grippi-Warren, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877968
 Amount of Each Receipt this Period 20.00
 Memo Item

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 31 OF 106
	<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. Grippi-Warren, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877012
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Grippi-Warren, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024938
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113326
 Amount of Each Receipt this Period 20.00
 Memo Item

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 32 OF 106
<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. Henry, Danyel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1877995
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Henry, Danyel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1876937
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Henry, Danyel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2020
Transaction ID : A2020-2024949
 Amount of Each Receipt this Period 40.00
 Memo Item

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 33 OF 106
<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. Henry, Danyel, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive Director Government Affairs
--	--

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		25		2020

Transaction ID : A2020-2113262

Amount of Each Receipt this Period
40.00

Memo Item

B. Ho, Ju, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Health Economics & Out
--	---

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
08		14		2020

Transaction ID : A2020-1877934

Amount of Each Receipt this Period
20.00

Memo Item

C. Ho, Ju, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Health Economics & Out
--	---

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
08		28		2020

Transaction ID : A2020-1876915

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Ho, Ju, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Health Economics & Ou
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024913

Amount of Each Receipt this Period
20.00

Memo Item

B. Ho, Ju, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Health Economics & Ou
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Transaction ID : A2020-2113223

Amount of Each Receipt this Period
20.00

Memo Item

C. Jacquis, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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		14		2020

Transaction ID : A2020-1877945

Amount of Each Receipt this Period
50.00

Memo Item

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: (check only one)	PAGE 35 OF 106
	<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

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

A. Jacquis, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 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
 08 / 28 / 2020
Transaction ID : A2020-1876970
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Jacquis, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 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 / 11 / 2020
Transaction ID : A2020-2024898
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jacquis, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 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
 09 / 25 / 2020
Transaction ID : A2020-2113299
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 36 OF 106
<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. Johnson, Ashli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877987
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Johnson, Ashli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877026
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Johnson, Ashli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024925
 Amount of Each Receipt this Period 20.00
 Memo Item

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 37 OF 106
	<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. Johnson, Ashli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 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
 09 / 25 / 2020
Transaction ID : A2020-2113311
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Johnson, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President North America New Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1878024
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Johnson, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President North America New Prod
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1876985
 Amount of Each Receipt this Period
 20.00
 Memo Item

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 38 OF 106
<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. Johnson, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President North America New Pro
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		11		2020

Transaction ID : A2020-2024871

Amount of Each Receipt this Period
20.00

Memo Item

B. Johnson, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President North America New Pro
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2020

Transaction ID : A2020-2113250

Amount of Each Receipt this Period
20.00

Memo Item

C. Kamrath, Kyle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2020

Transaction ID : A2020-1877948

Amount of Each Receipt this Period
30.00

Memo Item

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: (check only one)	PAGE 39 OF 106
<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. Kamrath, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876991
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kamrath, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024907
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kamrath, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113303
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 40 OF 106
<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. Kewalramani, Reshma, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1878017

Amount of Each Receipt this Period
192.00

Memo Item

B. Kewalramani, Reshma, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : A2020-1876974

Amount of Each Receipt this Period
192.00

Memo Item

C. Kewalramani, Reshma, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024868

Amount of Each Receipt this Period
192.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kewalramani, Reshma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113235
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878036
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876943
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
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 106
<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. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024877
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113254
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kuzmission, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Chemistry Manufactu
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878031
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 43 OF 106
<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. Kuzmission, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Chemistry Manufact
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876966
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kuzmission, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Chemistry Manufact
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024875
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113253
 Amount of Each Receipt this Period 20.00
 Memo Item

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 44 OF 106
<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. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877999
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876934
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024956
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 45 OF 106
<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. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 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
 09 / 25 / 2020
Transaction ID : A2020-2113271
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Litner, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1877938
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Litner, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Associate Director
 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
 08 / 28 / 2020
Transaction ID : A2020-1876971
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 46 OF 106
	<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. Litner, Jessica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Patient Support Associate Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024895

Amount of Each Receipt this Period
30.00

Memo Item

B. Litner, Jessica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Patient Support Associate Director
--	---

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
09		25		2020

Transaction ID : A2020-2113295

Amount of Each Receipt this Period
30.00

Memo Item

C. Liu, Joy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Deputy General C
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1878010

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 106
<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. Liu, Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Deputy General C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876950
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Liu, Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Deputy General C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024855
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113236
 Amount of Each Receipt this Period 20.00
 Memo Item

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 48 OF 106
<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. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **08 / 14 / 2020**
Transaction ID : A2020-1877993
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876939
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024890
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 49 OF 106
<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. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113287
 Amount of Each Receipt this Period 30.00
 Memo Item

B. MacNaught, Eustacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877931
 Amount of Each Receipt this Period 50.00
 Memo Item

C. MacNaught, Eustacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876946
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 106
<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. MacNaught, Eustacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024903
 Amount of Each Receipt this Period 50.00
 Memo Item

B. MacNaught, Eustacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113284
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Intelligence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878011
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 106
	<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. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876981
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024866
 Amount of Each Receipt this Period 30.00
 Memo Item

C. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Intelligence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113238
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 52 OF 106
<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. Meeks, Tracey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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	/	14	/	2020

Transaction ID : A2020-1877949

Amount of Each Receipt this Period
50.00

Memo Item

B. Meeks, Tracey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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
08	/	28	/	2020

Transaction ID : A2020-1876990

Amount of Each Receipt this Period
50.00

Memo Item

C. Meeks, Tracey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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	/	11	/	2020

Transaction ID : A2020-2024908

Amount of Each Receipt this Period
50.00

Memo Item

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 53 OF 106
<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. Meeks, Tracey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Dir
--	---

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
09	/	25	/	2020

Transaction ID : A2020-2113301

Amount of Each Receipt this Period
50.00

Memo Item

B. Meininger, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Pipeline Develop
--	---

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	/	14	/	2020

Transaction ID : A2020-1877929

Amount of Each Receipt this Period
50.00

Memo Item

C. Meininger, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Pipeline Develop
--	---

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
08	/	28	/	2020

Transaction ID : A2020-1876947

Amount of Each Receipt this Period
50.00

Memo Item

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 54 OF 106
<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. Meininger, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Pipeline Develop
--	---

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	/	11	/	2020

Transaction ID : A2020-2024888

Amount of Each Receipt this Period
50.00

Memo Item

B. Meininger, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Pipeline Develop
--	---

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
09	/	25	/	2020

Transaction ID : A2020-2113280

Amount of Each Receipt this Period
50.00

Memo Item

C. Meltzer, Noel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Medical Science Liaison
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2020

Transaction ID : A2020-1877980

Amount of Each Receipt this Period
20.00

Memo Item

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 55 OF 106
<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. Meltzer, Noel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Medical Science Liaison
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2020

Transaction ID : A2020-1877016

Amount of Each Receipt this Period
20.00

Memo Item

B. Meltzer, Noel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Medical Science Liaison
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2020

Transaction ID : A2020-2024936

Amount of Each Receipt this Period
20.00

Memo Item

C. Meltzer, Noel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Medical Science Liaison
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2020

Transaction ID : A2020-2113316

Amount of Each Receipt this Period
20.00

Memo Item

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 56 OF 106
	<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. Mutebi, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Real World Evidence
--	---

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		14		2020

Transaction ID : A2020-1877928

Amount of Each Receipt this Period
50.00

Memo Item

B. Mutebi, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Real World Evidence
--	---

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
08		28		2020

Transaction ID : A2020-1876964

Amount of Each Receipt this Period
50.00

Memo Item

C. Mutebi, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Real World Evidence
--	---

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		11		2020

Transaction ID : A2020-2024884

Amount of Each Receipt this Period
50.00

Memo Item

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 57 OF 106
	<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. Mutebi, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Real World Evidence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113283
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877964
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site He
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877004
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 58 OF 106
	<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. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site He
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024921
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113309
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Noorbehesht, Kavon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Imaging Research Scientist II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877933
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 59 OF 106
<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. Noorbehesht, Kavon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Imaging Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876992
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024911
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113222
 Amount of Each Receipt this Period 20.00
 Memo Item

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 60 OF 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3264.00

Date of Receipt
 08 / 14 / 2020
Transaction ID : A2020-1877947
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1876979
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024905
 Amount of Each Receipt this Period 192.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 106
<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. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113286
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Parini, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Administrative Leg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt **08 / 14 / 2020**
Transaction ID : A2020-1877962
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Parini, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Administrative Leg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876997
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 62 OF 106
	<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

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

A. Parini, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Chief Administrative Lega
--	---

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		11		2020

Transaction ID : A2020-2024959

Amount of Each Receipt this Period
50.00

Memo Item

B. Parini, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Chief Administrative Lega
--	---

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
09		25		2020

Transaction ID : A2020-2113244

Amount of Each Receipt this Period
50.00

Memo Item

C. Parta, Abigail, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Sen
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
477.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877957

Amount of Each Receipt this Period
28.09

Memo Item

SUBTOTAL of Receipts This Page (optional).....	128.09
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 63 OF 106
<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. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Sen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.62

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876958
 Amount of Each Receipt this Period 28.09
 Memo Item

B. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 533.71

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024954
 Amount of Each Receipt this Period 28.09
 Memo Item

C. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Sen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 561.80

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113219
 Amount of Each Receipt this Period 28.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.27
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 64 OF 106
	<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. Partridge, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Investor Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt
 08 / 14 / 2020
Transaction ID : A2020-1878037
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Partridge, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Investor Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1876948
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Partridge, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Investor Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024878
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 65 OF 106
	<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. Partridge, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Investor Relatio
 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
 09 / 25 / 2020
Transaction ID : A2020-2113259
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Patel, Dhrupad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Data Strategy & Solutions Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1877950
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Patel, Dhrupad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Data Strategy & Solutions 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
 08 / 28 / 2020
Transaction ID : A2020-1876973
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 66 OF 106
<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. Patel, DhruPAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Data Strategy & Solutions Director
--	---

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
09		11		2020

Transaction ID : A2020-2024912

Amount of Each Receipt this Period
30.00

Memo Item

B. Patel, DhruPAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Data Strategy & Solutions Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Transaction ID : A2020-2113304

Amount of Each Receipt this Period
30.00

Memo Item

C. Perates, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Intellectual Property Associate Parale
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877946

Amount of Each Receipt this Period
30.00

Memo Item

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: (check only one)	PAGE 67 OF 106
<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. Perates, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Intellectual Property Associate Parale
--	---

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
08	/	28	/	2020

Transaction ID : A2020-1876945

Amount of Each Receipt this Period
30.00

Memo Item

B. Perates, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Intellectual Property Associate Parale
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2020

Transaction ID : A2020-2024893

Amount of Each Receipt this Period
30.00

Memo Item

C. Perates, Deborah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Intellectual Property Associate Parale
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2020

Transaction ID : A2020-2113291

Amount of Each Receipt this Period
30.00

Memo Item

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: (check only one)	PAGE 68 OF 106
<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. Pereira, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 08 / 14 / 2020
Transaction ID : A2020-1877953
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Pereira, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1876988
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Pereira, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024909
 Amount of Each Receipt this Period 50.00
 Memo Item

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 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Pereira, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113302
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878032
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876951
 Amount of Each Receipt this Period 25.00
 Memo Item

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: (check only one)	PAGE 70 OF 106
<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. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024881
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 25 / 2020
Transaction ID : A2020-2113256
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Prescott, Kelly, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 08 / 14 / 2020
Transaction ID : A2020-1877976
 Amount of Each Receipt this Period 20.00
 Memo Item

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: (check only one)	PAGE 71 OF 106
<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. Prescott, Kelly, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1877014
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Prescott, Kelly, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024926
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113321
 Amount of Each Receipt this Period 20.00
 Memo Item

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 72 OF 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Rasmussen, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877971
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rasmussen, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877008
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Rasmussen, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024928
 Amount of Each Receipt this Period 20.00
 Memo Item

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 73 OF 106
	<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. Rasmussen, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113320
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rojas, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Alliance Management Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.53

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877990
 Amount of Each Receipt this Period 18.09
 Memo Item

C. Rojas, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Alliance Management Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.62

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876935
 Amount of Each Receipt this Period 18.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.18
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 74 OF 106
	<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. Rojas, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Alliance Management Senior Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024952

Amount of Each Receipt this Period
18.09

Memo Item

B. Rojas, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Alliance Management Senior Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Transaction ID : A2020-2113264

Amount of Each Receipt this Period
18.09

Memo Item

C. Schumaker, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Government Affairs & Public Policy Exe
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1770.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877943

Amount of Each Receipt this Period
104.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.35
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 106
<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. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.06

Date of Receipt **08 / 28 / 2020**
Transaction ID : A2020-1876969
 Amount of Each Receipt this Period 104.17
 Memo Item

B. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1979.23

Date of Receipt **09 / 11 / 2020**
Transaction ID : A2020-2024897
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Exe
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2083.40

Date of Receipt **09 / 25 / 2020**
Transaction ID : A2020-2113296
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.51
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 76 OF 106
<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. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878021
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876986
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024967
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 77 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Government Affairs & Public Policy Ass
 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
 09 / 25 / 2020
Transaction ID : A2020-2113266
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Short, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Access Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2020
Transaction ID : A2020-1877970
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Short, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Access Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1877007
 Amount of Each Receipt this Period 20.00
 Memo Item

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: (check only one)	PAGE 78 OF 106
<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. Short, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Access Strategy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024927

Amount of Each Receipt this Period
20.00

Memo Item

B. Short, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Access Strategy
--	---

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
09		25		2020

Transaction ID : A2020-2113324

Amount of Each Receipt this Period
20.00

Memo Item

C. Shraye, Lisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Assistant General Counsel Legal
--	--

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		14		2020

Transaction ID : A2020-1878000

Amount of Each Receipt this Period
50.00

Memo Item

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: (check only one)	PAGE 79 OF 106
<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. Shroyer, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876928
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Shroyer, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024948
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Shroyer, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel Legal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113260
 Amount of Each Receipt this Period 50.00
 Memo Item

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 80 OF 106
<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. Silva, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President and Corporate C
--	--

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	/	14	/	2020

Transaction ID : A2020-1878008

Amount of Each Receipt this Period
50.00

Memo Item

B. Silva, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President and Corporate C
--	--

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
08	/	28	/	2020

Transaction ID : A2020-1877000

Amount of Each Receipt this Period
50.00

Memo Item

C. Silva, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President and Corporate C
--	--

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	/	11	/	2020

Transaction ID : A2020-2024853

Amount of Each Receipt this Period
50.00

Memo Item

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 81 OF 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Silva, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Corporate C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113241
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Simard, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Medical Director Patient Saf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878038
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Simard, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Medical Director Patient Saf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876962
 Amount of Each Receipt this Period 20.00
 Memo Item

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: (check only one)	PAGE 82 OF 106
	<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. Simard, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Medical Director Patient Saf
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024880
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113255
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878034
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 83 OF 106
<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. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876954
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024872
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113248
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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 84 OF 106
<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. Smith, Graeme, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Preclinical Safety and
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2020

Transaction ID : A2020-1878005

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Preclinical Safety and
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		28		2020

Transaction ID : A2020-1876955

Amount of Each Receipt this Period
50.00

Memo Item

C. Smith, Graeme, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Preclinical Safety and
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		11		2020

Transaction ID : A2020-2024965

Amount of Each Receipt this Period
50.00

Memo Item

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 85 OF 106
<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. Smith, Graeme, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President Preclinical Safety and
--	--

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
09		25		2020

Transaction ID : A2020-2113269

Amount of Each Receipt this Period
50.00

Memo Item

B. Tandon, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Patient Advocacy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877992

Amount of Each Receipt this Period
30.00

Memo Item

C. Tandon, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Patient Advocacy
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : A2020-1876926

Amount of Each Receipt this Period
30.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 106
<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. Tandon, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Patient Advocacy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024955

Amount of Each Receipt this Period
30.00

Memo Item

B. Tandon, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director Patient Advocacy
--	---

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
09		25		2020

Transaction ID : A2020-2113272

Amount of Each Receipt this Period
30.00

Memo Item

C. Tatsis, Ourania, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive VP Chief Regulatory and Qua
--	--

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		14		2020

Transaction ID : A2020-1878020

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 106
<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. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Qu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 28 / 2020
Transaction ID : A2020-1876932
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Qu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 09 / 11 / 2020
Transaction ID : A2020-2024858
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Qu
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 25 / 2020
Transaction ID : A2020-2113274
 Amount of Each Receipt this Period 50.00
 Memo Item

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 88 OF 106
<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. Tavolaro, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Logistics & Distribution
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2020

Transaction ID : A2020-1877982

Amount of Each Receipt this Period

30.00

 Memo Item

B. Tavolaro, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Logistics & Distribution
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2020

Transaction ID : A2020-1877018

Amount of Each Receipt this Period

30.00

 Memo Item

C. Tavolaro, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Logistics & Distribution
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2020

Transaction ID : A2020-2024943

Amount of Each Receipt this Period

30.00

 Memo Item

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: (check only one)	PAGE 89 OF 106
<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. Tavoraro, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Logistics & Distribution
--	--

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
09		25		2020

Transaction ID : A2020-2113328

Amount of Each Receipt this Period
30.00

Memo Item

B. Thomas, Vance, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) SVP Pharmaceutical Sciences and Mar
--	--

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
08		14		2020

Transaction ID : A2020-1878003

Amount of Each Receipt this Period
100.00

Memo Item

C. Thomas, Vance, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) SVP Pharmaceutical Sciences and Man
--	--

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
08		28		2020

Transaction ID : A2020-1876917

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 90 OF 106
<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. Thomas, Vance, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) SVP Pharmaceutical Sciences and Mar
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : A2020-2024960

Amount of Each Receipt this Period
100.00

Memo Item

B. Thomas, Vance, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) SVP Pharmaceutical Sciences and Mar
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Transaction ID : A2020-2113265

Amount of Each Receipt this Period
100.00

Memo Item

C. Valentin, Karla, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : A2020-1877951

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 91 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Valentin, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2020
Transaction ID : A2020-1876953
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Valentin, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2020
Transaction ID : A2020-2024906
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Valentin, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2020
Transaction ID : A2020-2113290
 Amount of Each Receipt this Period 30.00
 Memo Item

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: (check only one)	PAGE 92 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President US Public Affairs & All
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3180.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1878033
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President US Public Affairs & All
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3372.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1876972
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President US Public Affairs & All
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3564.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024962
 Amount of Each Receipt this Period 192.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President US Public Affairs & All
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2020
Transaction ID : A2020-2113231
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Co
 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 / 14 / 2020
Transaction ID : A2020-1878027
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Cor
 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
 08 / 28 / 2020
Transaction ID : A2020-1876999
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 106
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024863
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113239
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Zoob, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 14 / 2020
Transaction ID : A2020-1877988
 Amount of Each Receipt this Period 20.00
 Memo Item

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 95 OF 106
<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. Zoob, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2020
Transaction ID : A2020-1877029
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Zoob, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 11 / 2020
Transaction ID : A2020-2024924
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 09 / 25 / 2020
Transaction ID : A2020-2113312
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	12185.76

**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"/> 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

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. 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: 2020
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2020

FEC Identification Number

C []

Transaction ID : B775262

Amount of Each Disbursement this Period

[] 58.61 []

Memo Item

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: 2020
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2020

FEC Identification Number

C []

Transaction ID : B77559

Amount of Each Disbursement this Period

[] 62.57 []

Memo Item

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 M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

[] 121.18 []

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

[] 121.18 []

**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"/> 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. Barragan for Congress

Mailing Address 1840 South Gaffey Street #421

City San Pedro State CA Zip Code 90731

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Barragan, Nanette, , ,

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00577353

Transaction ID : B772007

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Bilirakis, Gus, , ,

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00408534

Transaction ID : B772015

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Butterfield for Congress

Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Butterfield, G.K., , ,

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00401190

Transaction ID : B772001

Amount of Each Disbursement this Period

2000.00

Memo Item

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"/> 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. CHC Bold PAC

Mailing Address P.O. Box 75357

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00365536

Transaction ID : B772003

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Families for James Lankford

Mailing Address PO Box 1639

City
Bethany

State
OK

Zip Code
73008

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Lankford, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: OK District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00466482

Transaction ID : B772008

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. First State PAC

Mailing Address P.O. Box 3006

City
Wilmington

State
DE

Zip Code
19804

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00363648

Transaction ID : B772005

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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"/> 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. Friends of Pat Toomey

Mailing Address 228 S. Washington St. Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

010
 011
 012
011
Category/
Type

Candidate Name
Toomey, Pat, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C00461046

Transaction ID : B772010

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

010
 011
 012
011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C00409003

Transaction ID : B772009

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address P.O. Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement Contribution

010
 011
 012
011
Category/
Type

Candidate Name
Johnson, Bill, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: OH District: 06

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C00476820

Transaction ID : B772017

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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"/> 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. Kinzinger for Congress

Mailing Address PO Box 2365

City
Ottawa

State
IL

Zip Code
61350

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kinzinger, Adam, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00458877

Transaction ID : B772018

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Latta for Congress

Mailing Address P.O. Box 106

City
Bowling Green

State
OH

Zip Code
43402

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Latta, Bob, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OH District: 05

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00438697

Transaction ID : B772019

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 401 2nd Avenue South Suite 303

City
Seattle

State
WA

Zip Code
98104

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C00365270

Transaction ID : B772006

Amount of Each Disbursement this Period

2500.00

Memo Item

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"/> 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. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Burgess, Michael C., , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00372532

Transaction ID : B772016

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mullin for Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Mullin, Markwayne, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: OK District: 02

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00498345

Transaction ID : B772020

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Richmond for Congress

Mailing Address 909 Poydras Street Suite 1825

City New Orleans State LA Zip Code 70112

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Richmond, Cedric, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: LA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C C00451336

Transaction ID : B772004

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

4500.00

**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"/> 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

A. Scalise for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement Contribution
Candidate Name Scalise, Steve, , ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District: 01

Date of Disbursement 09 / 11 / 2020

FEC Identification Number C00394957
Transaction ID : B772021
Amount of Each Disbursement this Period 1500.00

Memo Item

B. Tony Cardenas for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name Cardenas, Tony, , ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 29

Date of Disbursement 09 / 11 / 2020

FEC Identification Number C00498873
Transaction ID : B772002
Amount of Each Disbursement this Period 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement / /

FEC Identification Number C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	25500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Dan Dawson for State Senate

Mailing Address 974 73rd St.

City Windsor Heights State IA Zip Code 50324

Purpose of Disbursement
G-2020 State Senate 8 IA

011

Category/
Type

Candidate Name
Dawson, Dan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : **B772044**

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Forbes for Iowa House

Mailing Address 974 73rd St.

City Windsor Heights State IA Zip Code 50324

Purpose of Disbursement
G-2020 State House 40 IA

011

Category/
Type

Candidate Name
Forbes, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IA District: 40

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : **B772049**

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Pat Grassley

Mailing Address 974 73rd St.

City Windsor Heights State IA Zip Code 50324

Purpose of Disbursement
G-2020 State House 50 IA

011

Category/
Type

Candidate Name
Grassley, Patrick (Pat), , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District: 50

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : **B772040**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

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

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

[REDACTED] 700.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Kenan Judge for Iowans		Date of Disbursement MM / DD / YYYY 09 / 11 / 2020
Mailing Address 974 73rd St.		FEC Identification Number C Transaction ID : B772050 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item
City Windsor Heights	State IA	
Zip Code 50324	Category/Type 011	
Purpose of Disbursement G-2020 State House 44 IA		
Candidate Name Judge, Kenan, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 44	

Full Name (Last, First, Middle Initial) B. Petersen for State Senate		Date of Disbursement MM / DD / YYYY 09 / 11 / 2020
Mailing Address 974 73rd St.		FEC Identification Number C Transaction ID : B772051 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Windsor Heights	State IA	
Zip Code 50324	Category/Type 011	
Purpose of Disbursement G-2020 State Senate 18 IA		
Candidate Name Petersen, Janet, A, ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 18	

Full Name (Last, First, Middle Initial) C. Iowans For Prichard		Date of Disbursement MM / DD / YYYY 09 / 11 / 2020
Mailing Address 974 73rd St.		FEC Identification Number C Transaction ID : B772047 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Windsor Heights	State IA	
Zip Code 50324	Category/Type 011	
Purpose of Disbursement G-2020 State House 52 IA		
Candidate Name Prichard, Todd, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 52	

SUBTOTAL of Disbursements This Page (optional)..... ▶	1100.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Amanda Ragan for Iowa Senate

Mailing Address 974 73rd St.

City Windsor Heights

State IA

Zip Code 50324

Purpose of Disbursement
P-2022 State Senate 27 IA

011

Category/
Type

Candidate Name
Ragan, Amanda, , ,

Office Sought: House
 Senate
 President
State: IA District: 27

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : B772052

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sweeney for Senate

Mailing Address 974 73rd St.

City Windsor Heights

State IA

Zip Code 50324

Purpose of Disbursement
P-2022 State Senate 25 IA

011

Category/
Type

Candidate Name
Sweeney, Annette, , ,

Office Sought: House
 Senate
 President
State: IA District: 25

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : B772046

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Whitver

Mailing Address 974 73rd St.

City Windsor Heights

State IA

Zip Code 50324

Purpose of Disbursement
P-2022 State Senate 19 IA

011

Category/
Type

Candidate Name
Whitver, Jack, , ,

Office Sought: House
 Senate
 President
State: IA District: 19

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 11 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : B772041

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

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

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

[REDACTED] 950.00

[REDACTED]

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Win With Windschitl

Full Name (Last, First, Middle Initial)
Windschitl, Matt, , ,

Mailing Address 974 73rd St.

City Windsor Heights State IA Zip Code 50324

Purpose of Disbursement G-2020 State House 17 IA

Candidate Name Windschitl, Matt, , ,

Office Sought: House Senate President
State: IA District: 17

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement 09 / 11 / 2020

FEC Identification Number C []
Transaction ID : B772043

Amount of Each Disbursement this Period [] 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement

FEC Identification Number C []

Amount of Each Disbursement this Period []

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number C []

Amount of Each Disbursement this Period []

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 500.00
TOTAL This Period (last page this line number only).....▶	[] 3250.00