



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value=""/>	<input type="text" value="6607.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4235.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11754.00"/>	<input type="text" value="72264.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15989.19"/>	<input type="text" value="78871.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8092.99"/>	<input type="text" value="70975.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7896.20"/>	<input type="text" value="7896.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Vertex Pharmaceuticals Incorporated Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11289.00	63854.00
(ii) Unitemized .....	465.00	8410.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11754.00	72264.00
(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) .....	11754.00	72264.00
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))..... ▶	11754.00	72264.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11754.00	72264.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	98.36	480.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	98.36	480.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7994.63	70494.63
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8092.99	70975.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8092.99	70975.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11754.00	72264.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11754.00	72264.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	98.36	480.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	98.36	480.91

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

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

FOR LINE NUMBER: PAGE 6 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4608.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665832**  
 Amount of Each Receipt this Period  
 192.00

**B. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720382**  
 Amount of Each Receipt this Period  
 192.00

**C. Stuart Arbuckle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828159**  
 Amount of Each Receipt this Period  
 192.00

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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. David Bean**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665837**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720386**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828163**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Joshua Boger**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Member, Board of Directors

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 22 / 2014**

**Transaction ID : A2014-2813228**

Amount of Each Receipt this Period **5000.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : A2014-2665838**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : A2014-2720387**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5100.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Virginia Carnahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828164**  
 Amount of Each Receipt this Period  
 50.00

**B. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665823**  
 Amount of Each Receipt this Period  
 20.00

**C. Kilpatrick Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720373**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<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. Kilpatrick Carroll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : A2014-2828150**  
Amount of Each Receipt this Period  
200.00

**B. Jeffrey Chodakewitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : A2014-2665851**  
Amount of Each Receipt this Period  
100.00

**C. Jeffrey Chodakewitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : A2014-2720400**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Chodakewitz</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : A2014-2828177</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Connolly</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : A2014-2665834</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Coughlin</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : A2014-2665849</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720398**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

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  
 12 / 26 / 2014  
**Transaction ID : A2014-2828175**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Scott Fields**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665839**

Amount of Each Receipt this Period  
**50.00**

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

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

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

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

FOR LINE NUMBER: PAGE 14 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Scott Fields**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720388**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Scott Fields**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828165**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665856**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
<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. Kerry Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : A2014-2720405**  
Amount of Each Receipt this Period  
50.00

**B. Kerry Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : A2014-2828182**  
Amount of Each Receipt this Period  
50.00

**c. Thomas Gandek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : A2014-2665840**  
Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
<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 Gandek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : A2014-2720389**  
Amount of Each Receipt this Period  
10.00

**B. Thomas Gandek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : A2014-2828166**  
Amount of Each Receipt this Period  
10.00

**c. Ms. Danyel Henry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1201 Maryland Ave SW Ste 850  
City Washington State DC Zip Code 20024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr. Director Gov't Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : A2014-2665847**  
Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720399**

Amount of Each Receipt this Period  
**25.00**

**B. Paul Hodgkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828176**

Amount of Each Receipt this Period  
**25.00**

**C. Thomas Hoock**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665844**

Amount of Each Receipt this Period  
**10.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
<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 Hoock**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : A2014-2720393**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : A2014-2828170**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : A2014-2665841**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Hunter</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2720390</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Patricia Hunter</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2828167</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Craig Jerman</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2665824</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<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. Craig Jerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720374**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828151**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665842**

Amount of Each Receipt this Period  
**50.00**

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

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

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

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

FOR LINE NUMBER: PAGE 22 OF 42  
(check only one)

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

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

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**

**Transaction ID : A2014-2720391**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 26 / 2014**

**Transaction ID : A2014-2828168**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : A2014-2665825**

Amount of Each Receipt this Period  
**25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<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. Jim Larsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : A2014-2720375**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 26 / 2014**

**Transaction ID : A2014-2828152**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : A2014-2665853**

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Yusheng Liao</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : A2014-2720402</b>
Mailing Address 50 Northern Ave			Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02210	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 375.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Yusheng Liao</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : A2014-2828179</b>
Mailing Address 50 Northern Ave			Amount of Each Receipt this Period 25.00
City Boston	State MA	Zip Code 02210	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jean Lough</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : A2014-2665826</b>
Mailing Address 50 Northern Ave			Amount of Each Receipt this Period 16.00
City Boston	State MA	Zip Code 02210	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 384.00
Name of Employer Vertex Pharmaceuticals Incorporated		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jean Lough</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : A2014-2720376</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 16.00
City Boston State MA Zip Code 02210	FEC ID number of contributing federal political committee. C	
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>B. Jean Lough</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : A2014-2828153</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 16.00
City Boston State MA Zip Code 02210	FEC ID number of contributing federal political committee. C	
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00

Full Name (Last, First, Middle Initial) <b>C. Rachel Mack</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : A2014-2665827</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 25.00
City Boston State MA Zip Code 02210	FEC ID number of contributing federal political committee. C	
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Rachel Mack</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2720377</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Rachel Mack</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2828154</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William Markland</b>			Date of Receipt
Mailing Address 50 Northern Ave			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2665854</b>
Boston	MA	02210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Vertex Pharmaceuticals Incorporated	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 27 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720403**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828180**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665833**

Amount of Each Receipt this Period  
**75.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
	<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. Michael Mattoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720383**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1950.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828160**

Amount of Each Receipt this Period  
**75.00**

**c. Tara McCarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665857**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Tara McCarthy</b>		Date of Receipt 12 / 12 / 2014 <b>Transaction ID : A2014-2720406</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Tara McCarthy</b>		Date of Receipt 12 / 26 / 2014 <b>Transaction ID : A2014-2828183</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Douglas McConnell</b>		Date of Receipt 11 / 28 / 2014 <b>Transaction ID : A2014-2665859</b>
Mailing Address 50 Northern Ave		Amount of Each Receipt this Period 50.00
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		
Name of Employer Vertex Pharmaceuticals Incorporated	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Douglas McConnell**

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : A2014-2720408**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**B. Douglas McConnell**

Mailing Address 50 Northern Ave

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

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation 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
12	/	26	/	2014

**Transaction ID : A2014-2828185**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**C. Paul Negulescu**

Mailing Address 50 Northern Ave

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

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

Name of Employer Vertex Pharmaceuticals Incorporated	Occupation 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
11	/	28	/	2014

**Transaction ID : A2014-2665845**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720394**  
 Amount of Each Receipt this Period  
 15.00

**B. Paul Negulescu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828171**  
 Amount of Each Receipt this Period  
 15.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665829**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720379**  
 Amount of Each Receipt this Period  
 150.00

**B. Richard Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828156**  
 Amount of Each Receipt this Period  
 150.00

**C. Michael Partridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665831**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 33 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Partridge**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

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  
 12 / 12 / 2014  
**Transaction ID : A2014-2720381**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Michael Partridge**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828158**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Joshi Pramod**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665852**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42
	<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. Joshi Pramod**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720401**

Amount of Each Receipt this Period  
**25.00**

**B. Joshi Pramod**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828178**

Amount of Each Receipt this Period  
**25.00**

**C. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665843**

Amount of Each Receipt this Period  
**50.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720392**

Amount of Each Receipt this Period  
 50.00

**B. Paul Silva**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828169**

Amount of Each Receipt this Period  
 50.00

**C. Arthur Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665846**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Arthur Smith**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720395**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Arthur Smith**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828172**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Ian Smith**

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation EVP and CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : A2014-2738656**

Amount of Each Receipt this Period  
 1100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**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 42
	<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. Ian Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation EVP and CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2665821**

Amount of Each Receipt this Period  
 150.00

**B. Ian Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation EVP and CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2720371**

Amount of Each Receipt this Period  
 150.00

**C. Ian Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation EVP and CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2828148**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ms. Samantha Ventimiglia**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 Maryland Ave SW  
Ste 850

City Washington State DC Zip Code 20024

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4700.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : A2014-2665822**

Amount of Each Receipt this Period  
150.00

**B. Ms. Samantha Ventimiglia**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 Maryland Ave SW  
Ste 850

City Washington State DC Zip Code 20024

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4850.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : A2014-2720372**

Amount of Each Receipt this Period  
150.00

**C. Ms. Samantha Ventimiglia**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 Maryland Ave SW  
Ste 850

City Washington State DC Zip Code 20024

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

Name of Employer Vertex Pharmaceuticals Incorporated Occupation Sr Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : A2014-2828149**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Katherine Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : A2014-2665848**  
Amount of Each Receipt this Period  
25.00

**B. Katherine Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
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  
12 / 12 / 2014  
**Transaction ID : A2014-2720397**  
Amount of Each Receipt this Period  
25.00

**C. Katherine Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Northern Ave  
City Boston State MA Zip Code 02210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vertex Pharmaceuticals Incorporated Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : A2014-2828174**  
Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11289.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

**Transaction ID : B540468**

Amount of Each Disbursement this Period

4	9	.	8	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	4

**Transaction ID : B543533**

Amount of Each Disbursement this Period

4	8	.	5	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

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

9	8	.	3	6
---	---	---	---	---

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

9	8	.	3	6
---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

011

Candidate Name

**Gus Bilirakis**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2014

**Transaction ID : B539953**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FLIK International**

Mailing Address 77 Avenue Louis Pasteur

City Boston State MA Zip Code 02115

Purpose of Disbursement Contribution

011

Candidate Name

**Joseph P Kennedy III**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2014

**Transaction ID : B540754**

Amount of Each Disbursement this Period

2494.63

In-kind: Catering and Facilities

Full Name (Last, First, Middle Initial)

**C. Turquoise PAC**

Mailing Address 1050 17th Street NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2014

**Transaction ID : B540752**

Amount of Each Disbursement this Period

500.00

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

3494.63

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vertex Pharmaceuticals Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : B540753**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MARSHA PAC**

Mailing Address P.O. Box 3241

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : B539955**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

4500.00

7994.63