

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Vertex Pharmaceuticals Incorporated Political Action Committee

ADDRESS (number and street) 1050 K Street, NW Suite 1125 Washington DC 20001

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00468660

3. IS THIS REPORT NEW 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Jan 31 (YE), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 11/29/2022 through 12/31/2022

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 01/19/2023

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

Table with 8 columns for Office Use Only

**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="2022"/>		86004.41
(b) Cash on Hand at Beginning of Reporting Period.....	81763.97	
(c) Total Receipts (from Line 19) .....	38677.81	143839.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120441.78	229844.30
7. Total Disbursements (from Line 31).....	0.00	109402.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120441.78	120441.78
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	38542.63	115017.40
(ii) Unitemized .....	135.18	21822.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38677.81	136839.89
(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) .....	38677.81	136839.89
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	7000.00
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)).....▶	38677.81	143839.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38677.81	143839.89

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	1902.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1902.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	101500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	109402.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	109402.52

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38677.81	136839.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38677.81	136839.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1902.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1902.52

**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 109
<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. Alex, Byron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Medical Affairs Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 07 / 2022  
**Transaction ID : FE8AE06EA1984987AF14**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Altshuler, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Global Research and Ch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3774.63

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-42**  
 Amount of Each Receipt this Period 192.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Global Research and Chi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3774.63

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-39**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2384.00
<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 7 OF 109
	<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. Altshuler, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Global Research and Ch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3774.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-46**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Anderson, Kwamme, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-91**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Anderson, Kwamme, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-94**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<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 8 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Anderson, Kwamme, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-92**  
 Amount of Each Receipt this Period 50.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Op  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-80**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Arbuckle, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-8**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.00
<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 9 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Arbuckle, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Op  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-2**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Arterton, Jamison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3215 Merryfield Row  
 City San Diego State CA Zip Code 92121-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Project Management & Strategic Opera  
 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 / 02 / 2022  
**Transaction ID : 202301199298-82**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Arterton, Jamison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3215 Merryfield Row  
 City San Diego State CA Zip Code 92121-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Project Management & Strategic Operat  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-84**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 10 OF 109
	<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. Arterton, Jamison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3215 Merryfield Row  
 City San Diego State CA Zip Code 92121-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Project Management & Strategic Opera  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-84**  
 Amount of Each Receipt this Period 10.00  
 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-20**  
 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-45**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 11 OF 109
<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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-48**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-3**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-56**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 12 OF 109
<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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-56**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Baker, Maryellen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-55**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Baker, Maryellen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-74**

Amount of Each Receipt this Period  
30.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 109
<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. Baker, Maryellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-72**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Barnes, Dawn Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Marketing  
 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 / 02 / 2022  
**Transaction ID : 202301199298-100**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Barnes, Dawn Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Marketing  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-62**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 14 OF 109
	<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. Barnes, Dawn Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Marketing  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-64**  
 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 02210-1862  
 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 ▼ 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-70**  
 Amount of Each Receipt this Period  
 30.00  
 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 02210-1862  
 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 ▼ 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-13**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 109
	<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. 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 02210-1862  
 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 ▼ 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-13**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Bhandari, Aman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Data Strategy & Soluti  
 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 / 02 / 2022  
**Transaction ID : 202301199298-24**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Bhandari, Aman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Data Strategy & Soluti  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-31**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 16 OF 109
	<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. Bhandari, Aman, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, Data Strategy & Soluti
--	---

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	/	30	/	2022

**Transaction ID : 2023010615538-53**

Amount of Each Receipt this Period  
10.00

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 02210-1862
----------------	-------------	------------------------

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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-97**

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 02210-1862
----------------	-------------	------------------------

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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-98**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 17 OF 109
	<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. 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 02210-1862  
 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 ▼ 520.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-100**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Brown, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-63**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brown, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-81**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 18 OF 109
<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. Brown, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-75**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Bruckner, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Technical Accounting  
 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 / 02 / 2022  
**Transaction ID : 202301199298-29**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Bruckner, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Technical Accounting  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-57**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 19 OF 109
<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. Bruckner, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Technical Accounting  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-60**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Brunsvold, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-61**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Brunsvold, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-76**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<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 20 OF 109  
(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. Brunsvold, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-102**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-95**  
 Amount of Each Receipt this Period 10.00  
 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 21 OF 109
	<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. Burgoyne, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Specialty Pharmacy Ac  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-95**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Carney, Lloyd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Twin Dolphin Dr Ste 600  
 City Redwood City State CA Zip Code 94065-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals, Inc. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2022  
**Transaction ID : 21DD8B0B6E124B789FEF**  
 Amount of Each Receipt this Period 2500.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-65**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2540.00
<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 22 OF 109
<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-11**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-8**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Carter, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Marketing  
 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 / 02 / 2022  
**Transaction ID : 202301199298-28**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 23 OF 109
	<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. Carter, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Marketing  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-48**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Carter, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Marketing  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-50**  
 Amount of Each Receipt this Period  
 10.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Clinical & Quantitativ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-12**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<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 24 OF 109
<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Clinical & Quantitativ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-33**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Clinical & Quantitativ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-25**  
 Amount of Each Receipt this Period  
 20.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Medical Affairs MSL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-94**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Medical Affairs MSL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-100**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Medical Affairs MSL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-98**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Devlin, Nina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Commu  
 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 / 02 / 2022  
**Transaction ID : 202301199298-48**  
 Amount of Each Receipt this Period  
 10.00  
 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 26 OF 109
<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. Devlin, Nina, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-64**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Devlin, Nina, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-65**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Donnelly, Amy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Chief of Staff Senior Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-17**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 27 OF 109
<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. Donnelly, Amy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Chief of Staff Senior Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-49**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Donnelly, Amy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Chief of Staff Senior Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-35**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Dorer, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	02	/	2022

**Transaction ID : 202301199298-13**

Amount of Each Receipt this Period  
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 109
	<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. Dorer, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel, Legal  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-53**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Dorer, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel, Legal  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-28**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Dunn, Marissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-59**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 29 OF 109
	<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. Dunn, Marissa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2022

**Transaction ID : 2022121910416-79**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Dunn, Marissa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2022

**Transaction ID : 2023010615538-77**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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 ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2022

**Transaction ID : 202301199298-8**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 109
	<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 Long, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-28**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Ebert Long, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-27**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-7**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 109
	<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. Edwards, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-20**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-20**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Flynn, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations, Pricing, & Analytics Assoc  
 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 / 02 / 2022  
**Transaction ID : 202301199298-21**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 32 OF 109
<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. Flynn, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations, Pricing, & Analytics Assoc  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-46**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Flynn, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations, Pricing, & Analytics Assoc  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-23**  
 Amount of Each Receipt this Period 10.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human  
 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 / 02 / 2022  
**Transaction ID : 202301199298-5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 33 OF 109
	<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. 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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
--	--

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	/	16	/	2022

**Transaction ID : 2022121910416-32**

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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
--	--

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	/	30	/	2022

**Transaction ID : 2023010615538-55**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, Technical Operations
--	---

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	/	16	/	2022

**Transaction ID : 2022121910416-12**

Amount of Each Receipt this Period  
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 109
	<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. Gandek, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Technical Operations  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-12**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Garcia, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-54**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Garcia, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior M  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-78**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 109
	<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. Garcia, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-71**  
 Amount of Each Receipt this Period 30.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-105**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Account Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-105**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 36 OF 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-105**  
 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-53**  
 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-65**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 37 OF 109
	<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. 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-69**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Harrington, Jenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-37**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Harrington, Jenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-24**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harrington, Jenna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-38**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Henry, Danyel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Policy & Alliance Deve  
 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 / 02 / 2022  
**Transaction ID : 202301199298-93**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Henry, Danyel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Policy & Alliance Deve  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-86**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 109
	<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. Henry, Danyel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Policy & Alliance Deve  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-86**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Hill, Theophilus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Medical Affairs Strategy Medical Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-51**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Hill, Theophilus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Medical Affairs Strategy Medical Direc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-61**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 109
	<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. Hill, Theophelus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Medical Affairs Strategy Medical Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-70**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Horgan, Kerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Clinical Monitoring  
 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  
 12 / 02 / 2022  
**Transaction ID : 202301199298-18**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Horgan, Kerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Clinical Monitoring  
 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  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-52**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 41 OF 109
	<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. Horgan, Kerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Clinical Monitoring  
 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  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-33**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Horstkotte, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director, Patient Support  
 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 / 02 / 2022  
**Transaction ID : 202301199298-40**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Horstkotte, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director, Patient Support  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-40**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 42 OF 109
	<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. Horstkotte, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director, Patient Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-43**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Ingram II, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-90**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Ingram II, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-93**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<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 43 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Vertex Pharmaceuticals Incorporated Political Action Committee**

**A. Ingram II, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-94**  
 Amount of Each Receipt this Period 30.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-39**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-42**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 44 OF 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-45**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Jensen, Katharine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Corporate Respons  
 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 / 02 / 2022  
**Transaction ID : 202301199298-30**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Jensen, Katharine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Corporate Responsi  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-68**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 45 OF 109
	<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. Jensen, Katharine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Corporate Responsi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-58**  
 Amount of Each Receipt this Period 10.00  
 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 02210-1862  
 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 Prc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-73**  
 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 02210-1862  
 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 Proc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-3**  
 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 46 OF 109
	<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. 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 02210-1862  
 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-7**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Johnson, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Legal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-52**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Johnson, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Legal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-71**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 47 OF 109
<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, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Legal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-79**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Jurkiewicz, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-17**  
 Amount of Each Receipt this Period  
 8.09  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-34**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.09
<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 48 OF 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-34**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-30**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Karle, Deirdre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Medical Operations  
 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 / 02 / 2022  
**Transaction ID : 202301199298-75**  
 Amount of Each Receipt this Period  
 10.00  
 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 49 OF 109
	<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. Karle, Deirdre, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	16	/	2022

**Transaction ID : 2022121910416-6**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Karle, Deirdre, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	30	/	2022

**Transaction ID : 2023010615538-9**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Kearney, Terrence, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Crescent Dr

City Lake Bluff	State IL	Zip Code 60044-2707
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals, Inc.	Occupation (for Individual) Board Member
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2022

**Transaction ID : C0FB5371E25541BDB88A**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5020.00
<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 50 OF 109
	<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. Keplinger, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-88**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Keplinger, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-90**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Keplinger, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-91**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<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 51 OF 109
	<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. Kewalramani, Reshma, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4992.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-15**

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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4992.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-50**

Amount of Each Receipt this Period  
192.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
4992.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-37**

Amount of Each Receipt this Period  
192.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 109
	<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. Khetarpal, Rani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Business Systems Principal Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-44**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Khetarpal, Rani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Business Systems Principal Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-63**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Khetarpal, Rani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Business Systems Principal Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-62**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 53 OF 109
	<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. King, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Medical Affairs MSL  
 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 / 02 / 2022  
**Transaction ID : 202301199298-106**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. King, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Medical Affairs MSL  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-106**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. King, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Medical Affairs MSL  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-106**  
 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: PAGE 54 OF 109  
(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. Kotas, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 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 / 02 / 2022  
**Transaction ID : 202301199298-62**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Kotas, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-80**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Kotas, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-78**  
 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 55 OF 109
	<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. 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-64**  
 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-1**  
 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-4**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 56 OF 109
<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Patient Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-76**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Patient Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-5**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Patient Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-10**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 57 OF 109
	<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. Lee, Yuchun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Doublet Hill Rd  
 City Weston State MA Zip Code 02493-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals, Inc. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt  
 12 / 07 / 2022  
**Transaction ID : 7C41FE065811468B8567**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

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

Date of Receipt  
 12 / 16 / 2022  
**Transaction ID : A3D03427001C4A25AD70**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Liang, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 780.00

Date of Receipt  
 12 / 02 / 2022  
**Transaction ID : 202301199298-58**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7030.00
<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 58 OF 109
	<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. Liang, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-73**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Liang, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Associate Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-80**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Patient Support Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-33**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 59 OF 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Patient Support Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-37**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Patient Support Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-41**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President & General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-23**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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 60 OF 109
	<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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President & General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-43**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President & General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-22**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-19**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 61 OF 109
	<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. Lorio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Commercial Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-51**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-36**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Lough, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-86**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 62 OF 109
	<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. Lough, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-88**  
 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 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-88**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Lusignan, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Operations Associate D  
 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 / 02 / 2022  
**Transaction ID : 202301199298-72**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 63 OF 109
	<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. Lusignan, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Operations Associate D  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-17**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Lusignan, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Operations Associate I  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-14**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Machado, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-32**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 64 OF 109
	<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. Machado, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-59**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Machado, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-59**  
 Amount of Each Receipt this Period  
 30.00  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-2**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 109
<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. 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-19**  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-19**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Mancini, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Human Resources E  
 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 / 02 / 2022  
**Transaction ID : 202301199298-22**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 109
<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. Mancini, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Human Resources E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-54**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-54**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Martin, Avery, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-60**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<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 67 OF 109
<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. Martin, Avery, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-77**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Martin, Avery, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-74**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. McGarry, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 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 ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-14**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 68 OF 109
<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. McGarry, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Health Economics & O  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-29**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. McGarry, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Health Economics & O  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-26**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. McGlynn, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 Creek Ln  
 City Flourtown State PA Zip Code 19031-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals, Inc. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2022  
**Transaction ID : 70DCA0C2C08D44ECB6E4**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5020.00
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 69 OF 109
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McGoohan, Scott, , ,
Mailing Address 1050 K St NW Ste 1125
City Washington State DC Zip Code 20001-4954
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 780.00

Date of Receipt
12 / 02 / 2022
Transaction ID : 202301199298-85
Amount of Each Receipt this Period
30.00
Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McGoohan, Scott, , ,
Mailing Address 1050 K St NW Ste 1125
City Washington State DC Zip Code 20001-4954
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 780.00

Date of Receipt
12 / 16 / 2022
Transaction ID : 2022121910416-89
Amount of Each Receipt this Period
30.00
Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McGoohan, Scott, , ,
Mailing Address 1050 K St NW Ste 1125
City Washington State DC Zip Code 20001-4954
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Policy & Alliance Dev
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 780.00

Date of Receipt
12 / 30 / 2022
Transaction ID : 2023010615538-89
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 70 OF 109
	<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. McGrath, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-9**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-21**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-21**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 71 OF 109
<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. McKenzie, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 Waterway Ct  
 City Wilmington State NC Zip Code 28411-8816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals, Inc. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 07 / 2022  
**Transaction ID : 2E81C47258D1433BA9DB**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. McNulty, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-49**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. McNulty, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-60**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5060.00
<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 72 OF 109
	<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. McNulty, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-68**  
 Amount of Each Receipt this Period 30.00  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-36**  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-36**  
 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 73 OF 109
	<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. 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-31**  
 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 316 Northern Ave # 318  
 City Boston State MA Zip Code 02210-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Pipeline Develo  
 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 / 02 / 2022  
**Transaction ID : 202301199298-84**  
 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 316 Northern Ave # 318  
 City Boston State MA Zip Code 02210-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Pipeline Develo  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-85**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<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: (check only one)	PAGE 74 OF 109
	<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. Meininger, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Northern Ave # 318  
 City Boston State MA Zip Code 02210-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Pipeline Develo  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-85**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Meltzer, Noel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-96**  
 Amount of Each Receipt this Period 30.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-103**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 109
<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. Meltzer, Noel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-102**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Minson, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Comm'l Data Mgmt & Field Optimization  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-25**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Minson, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Comm'l Data Mgmt & Field Optimization  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-26**  
 Amount of Each Receipt this Period 10.00  
 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 76 OF 109
	<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. Minson, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Comm'l Data Mgmt & Field Optimizator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-49**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Nathanson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-57**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Nathanson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Advocacy Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-72**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 77 OF 109
<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. Nathanson, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-81**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 3215 Merryfield Row

City San Diego	State CA	Zip Code 92121-1126
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President, Disease Area E
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-83**

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 3215 Merryfield Row

City San Diego	State CA	Zip Code 92121-1126
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President, Disease Area Ex
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-83**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 78 OF 109
	<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. Negulescu, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3215 Merryfield Row  
 City San Diego State CA Zip Code 92121-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Disease Area Ex  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-83**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**B. Olson, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, State Govt Affairs  
 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 / 02 / 2022  
**Transaction ID : 202301199298-6**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, State Govt Affairs  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-38**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	399.00
<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 79 OF 109
	<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. Olson, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, State Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-29**  
 Amount of Each Receipt this Period  
 192.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, State Government Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-26**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**C. Parta, Abigail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, State Government Affa  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-27**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 109
<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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, State Government Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-42**  
 Amount of Each Receipt this Period 192.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Investor Relati  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-16**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, Investor Relati  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-16**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<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 81 OF 109
	<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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Project Management &  
 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 / 02 / 2022  
**Transaction ID : 202301199298-4**  
 Amount of Each Receipt this Period  
 50.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Project Management &  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-35**  
 Amount of Each Receipt this Period  
 50.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Project Management &  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-32**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<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: (check only one)	PAGE 82 OF 109
	<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. Pedraza, Roberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-98**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-102**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-103**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 83 OF 109
	<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. 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-41**  
 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-41**  
 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-47**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 84 OF 109
	<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. Pircio, Kelli, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	02	/	2022

**Transaction ID : 202301199298-27**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Pircio, Kelli, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	16	/	2022

**Transaction ID : 2022121910416-47**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Pircio, Kelli, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	30	/	2022

**Transaction ID : 2023010615538-51**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 85 OF 109  
(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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Payer Accounts & Fiel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-104**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Payer Accounts & Fiel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-97**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Payer Accounts & Fiel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-97**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

60.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 109
<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. 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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director, National Accounts
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-103**

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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director, National Accounts
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-96**

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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director, National Accounts
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-96**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 87 OF 109
	<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. Rowan, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Clinical Scientist Principal  
 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 / 02 / 2022  
**Transaction ID : 202301199298-50**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Rowan, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Clinical Scientist Principal  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-66**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Rowan, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Clinical Scientist Principal  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-67**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 88 OF 109
<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. Sagon, Lindsey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Access Strategy  
 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 / 02 / 2022  
**Transaction ID : 202301199298-43**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Sagon, Lindsey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Access Strategy  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-25**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Sagon, Lindsey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director, Access Strategy  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-39**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 89 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Savage, Morgan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, US Sales & Marketing
--	---

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	/	02	/	2022

**Transaction ID : 202301199298-77**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Savage, Morgan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, US Sales & Marketing
--	---

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	/	16	/	2022

**Transaction ID : 2022121910416-10**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Savage, Morgan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, US Sales & Marketing
--	---

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	/	30	/	2022

**Transaction ID : 2023010615538-3**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 90 OF 109
	<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. Schumaker, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Federal Governmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2780.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-87**  
 Amount of Each Receipt this Period  
 116.18  
 Memo Item

**B. Schumaker, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Federal Governmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2780.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-91**  
 Amount of Each Receipt this Period  
 116.18  
 Memo Item

**C. Schumaker, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Federal Government  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2780.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-90**  
 Amount of Each Receipt this Period  
 116.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.54
<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 91 OF 109
	<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. 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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2022

**Transaction ID : 202301199298-11**

Amount of Each Receipt this Period  
50.00

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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-30**

Amount of Each Receipt this Period  
50.00

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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-24**

Amount of Each Receipt this Period  
50.00

Memo Item

<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: (check only one)	PAGE 92 OF 109
<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. Sherlock, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Specialty Pharmacy Operations Associ
--	---

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	/	02	/	2022

**Transaction ID : 202301199298-81**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Sherlock, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Specialty Pharmacy Operations Associ
--	---

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	/	16	/	2022

**Transaction ID : 2022121910416-18**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Sherlock, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210-1862
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Specialty Pharmacy Operations Associ
--	---

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	/	30	/	2022

**Transaction ID : 2023010615538-18**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 93 OF 109
	<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. 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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022

**Transaction ID : 202301199298-79**

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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022

**Transaction ID : 2022121910416-7**

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 02210-1862
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022

**Transaction ID : 2023010615538-11**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 94 OF 109
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shroyer, Lisa, , ,

Mailing Address 50 Northern Ave

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

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

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

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	/	02	/	2022

**Transaction ID : 202301199298-31**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shroyer, Lisa, , ,

Mailing Address 50 Northern Ave

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

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

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

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	/	16	/	2022

**Transaction ID : 2022121910416-55**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

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	/	30	/	2022

**Transaction ID : 2023010615538-61**

Amount of Each Receipt this Period  
50.00

Memo Item

<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: (check only one)	PAGE 95 OF 109
	<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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Patient Safety, Medica  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-15**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Patient Safety, Medica  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-15**  
 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 02210-1862  
 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 ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-71**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 96 OF 109
<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, Arthur, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2022

**Transaction ID : 2022121910416-2**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2022

**Transaction ID : 2023010615538-5**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Process Chemistry Senior Scientist
--	---

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	/	02	/	2022

**Transaction ID : 202301199298-45**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 97 OF 109
<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. Stephens, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Process Chemistry Senior Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-70**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-57**  
 Amount of Each Receipt this Period 10.00  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior D  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-78**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<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 98 OF 109
<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-9**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-1**  
 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 02210-1862  
 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 Quality  
 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 / 02 / 2022  
**Transaction ID : 202301199298-10**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-58**  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-52**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Trade & Distribution  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-101**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 100 OF 109
	<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. 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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director, Trade & Distribution
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2022

**Transaction ID : 2022121910416-104**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. 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 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Director, Trade & Distribution
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2022

**Transaction ID : 2023010615538-104**

Amount of Each Receipt this Period  
30.00

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 02210-1862
----------------	-------------	------------------------

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
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2022

**Transaction ID : 202301199298-74**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<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 101 OF 109
	<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. 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) SVP, Pharmaceutical Sciences and Ma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-4**  
 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 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) SVP, Pharmaceutical Sciences and Ma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-6**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Townsend, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Senior 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 / 02 / 2022  
**Transaction ID : 202301199298-38**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 102 OF 109
	<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. Townsend, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Senior Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-23**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-44**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt  
 12 / 02 / 2022  
**Transaction ID : 202301199298-35**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 109
	<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. Townsend, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director, Trade & Distribution Operati
--	---

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		16		2022

**Transaction ID : 2022121910416-22**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Townsend, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director, Trade & Distribution Operati
--	---

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		30		2022

**Transaction ID : 2023010615538-40**

Amount of Each Receipt this Period  
10.00

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 02210-1862
----------------	-------------	------------------------

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 ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2022

**Transaction ID : 202301199298-46**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 104 OF 109
<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. 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-69**  
 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 02210-1862  
 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 ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-63**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-99**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 105 OF 109
<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. Vandervest, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-101**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-101**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Ventimiglia, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, U.S. Public Aff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-92**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	212.00
<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 106 OF 109
	<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. Ventimiglia, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, U.S. Public Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 2022121910416-87**  
 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 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, U.S. Public Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 30 / 2022  
**Transaction ID : 2023010615538-87**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Wagner, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 202301199298-47**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<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 107 OF 109
<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. Wagner, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-67**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Wagner, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Northern Ave  
 City Boston State MA Zip Code 02210-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-66**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Wotring, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-89**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 108 OF 109
	<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. Wotring, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2022  
**Transaction ID : 2022121910416-92**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Wotring, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 K St NW  
 Ste 1125  
 City Washington State DC Zip Code 20001-4954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2022  
**Transaction ID : 2023010615538-93**  
 Amount of Each Receipt this Period  
 30.00  
 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 02210-1862  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2022  
**Transaction ID : 202301199298-16**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 109
	<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. 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 02210-1862  
 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 Cc  
 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 / 16 / 2022  
**Transaction ID : 2022121910416-44**  
 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 02210-1862  
 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 Cc  
 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 / 30 / 2022  
**Transaction ID : 2023010615538-34**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	38542.63