

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 C00468660 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] 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) [X] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) Election on [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] in the State of []

5. Covering Period 11 / 24 / 2020 through 12 / 31 / 2020

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

Type or Print Name of Treasurer Signature of Treasurer Ventimiglia, Samantha, , , [Electronically Filed] Date 01 / 29 / 2021

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Vertex Pharmaceuticals Incorporated Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		47937.38
(b) Cash on Hand at Beginning of Reporting Period.....	41586.20	
(c) Total Receipts (from Line 19)	13636.13	131516.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55222.33	179453.55
7. Total Disbursements (from Line 31).....	- 4381.61	119849.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59603.94	59603.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Vertex Pharmaceuticals Incorporated Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11862.13	102512.91
(ii) Unitemized	1774.00	25503.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13636.13	128016.17
(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)	13636.13	128016.17
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	3500.00
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)).....▶	13636.13	131516.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13636.13	131516.17

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	118.39	599.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	118.39	599.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 4500.00	111000.00
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	8250.00
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)) ..	- 4381.61	119849.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 4381.61	119849.61

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13636.13	128016.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13636.13	128016.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118.39	599.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	118.39	599.61

**SCHEDULE A (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 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-3079243
 Amount of Each Receipt this Period
 1500.00
 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
 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 ▼ 452.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641217
 Amount of Each Receipt this Period
 18.09
 Memo Item

C. Altshuler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 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 ▼ 470.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731178
 Amount of Each Receipt this Period
 18.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1536.18
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID :

Due to an extra payroll cycle in 2020, four of our contributors, Stuart Arbuckle, Reshma Kewalramani, Richard Olson and Samantha Ventimiglia, had excessive contributions to the PAC. The excessive contributions are being refunded and will be reflected on our next report.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Altshuler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Global Research and Chi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 488.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753077
 Amount of Each Receipt this Period
 18.09
 Memo Item

B. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641148
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731139
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.09
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Andrikopoulos, Konstantinos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Intellectual Proper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753027
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641182
 Amount of Each Receipt this Period 8.09
 Memo Item

C. Annie, Yun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Facilities Operations Associate Direct
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.34

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731120
 Amount of Each Receipt this Period 8.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 112
<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. Annie, Yun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Facilities Operations Associate Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.43

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753005
 Amount of Each Receipt this Period 8.09
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641147
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731133
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

SUBTOTAL of Receipts This Page (optional).....	392.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 112
<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5184.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753055
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

B. Arterton, Jamison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Strategic Operations Executive Directo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641247
 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 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Strategic Operations Executive Directo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731187
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 112
	<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. Arterton, Jamison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Strategic Operations Executive Directo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753084
 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
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641225
 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
 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 / 18 / 2020
Transaction ID : A2020-2731108
 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 13 OF 112
	<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. Attias, Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753006
 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
 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 ▼ 1250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641177
 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
 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 / 18 / 2020
Transaction ID : A2020-2731142
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Auster, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753051
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641157
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731122
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 112
<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. Badia, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753014

Amount of Each Receipt this Period
30.00

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
----------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641193

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
----------------	-------------	-------------------

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 ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731087

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 16 OF 112
<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
----------------	-------------	-------------------

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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2752981

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641246

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731185

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
<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. Barbee, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Facilities Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753082
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Associate I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641229
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Associate C
 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 / 18 / 2020
Transaction ID : A2020-2731114
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barnes, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Associate I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753004
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Basamula, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Commercial Business Operations Senio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641211
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731176
 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 19 OF 112
	<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. Basamula, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Commercial Business Operations Senic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753000
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641181
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731116
 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 20 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753017

Amount of Each Receipt this Period
20.00

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
----------------	-------------	-------------------

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

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

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	/	04	/	2020

Transaction ID : A2020-2641144

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
----------------	-------------	-------------------

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

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

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	/	18	/	2020

Transaction ID : A2020-2731146

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
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 112
	<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. 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
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : A2020-2753022

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
----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2020

Transaction ID : A2020-2641250

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2020

Transaction ID : A2020-2731200

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 22 OF 112
<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. Bleyl, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753098
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641183
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing 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 / 18 / 2020
Transaction ID : A2020-2731118
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 112
<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. Booth, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753019
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Brown, Hugo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Marketing
 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 / 04 / 2020
Transaction ID : A2020-2641161
 Amount of Each Receipt this Period
 8.09
 Memo Item

C. Brown, Hugo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731107
 Amount of Each Receipt this Period
 8.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 112
<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. Brown, Hugo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.43

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753037
 Amount of Each Receipt this Period 8.09
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Specialty Pharmacy Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641258
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Specialty Pharmacy Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731193
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 112
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Specialty Pharmacy Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753092
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Carlino, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641253
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731195
 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 26 OF 112
	<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. Carlino, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753097
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641179
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731117
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 112
	<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. Carroll, Kilpatrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753016
 Amount of Each Receipt this Period 30.00
 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
 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 ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641230
 Amount of Each Receipt this Period 10.00
 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
 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 / 18 / 2020
Transaction ID : A2020-2731111
 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 28 OF 112
<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. 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
----------------	-------------	-------------------

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 ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753002

Amount of Each Receipt this Period
10.00

Memo Item

B. Casey, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	04	/	2020

Transaction ID : A2020-2641185

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

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	/	18	/	2020

Transaction ID : A2020-2731151

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 29 OF 112
	<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. Casey, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753048
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641184
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731152
 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 30 OF 112
	<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. Cirincione, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Modeling & Simulati
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753044
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641259
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731204
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 112
	<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. Crouch, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753100
 Amount of Each Receipt this Period 30.00
 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
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641198
 Amount of Each Receipt this Period 10.00
 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
 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 / 18 / 2020
Transaction ID : A2020-2731160
 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 32 OF 112
<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. 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
 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 ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753070
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Ebert, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641151
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731144
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Ebert, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753020
 Amount of Each Receipt this Period
 30.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Internal Communications Associate Dir
 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 / 04 / 2020
Transaction ID : A2020-2641173
 Amount of Each Receipt this Period
 10.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Internal Communications Associate Dire
 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 / 18 / 2020
Transaction ID : A2020-2731158
 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 34 OF 112
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Internal Communications Associate Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753060
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations Pricing & Analytics Associa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641154
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations Pricing & Analytics Associa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731099
 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 35 OF 112
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Operations Pricing & Analytics Associa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753008
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641152
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731141
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Franklin, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Human Resources Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1350.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753026
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Frenkel-Rorden, 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
 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 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641209
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Frenkel-Rorden, 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
 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 12 / 18 / 2020
Transaction ID : A2020-2731174
 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 37 OF 112
	<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. Frenkel-Rorden, 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
 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 ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2752998
 Amount of Each Receipt this Period 10.00
 Memo Item

B. 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
 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 12 / 04 / 2020
Transaction ID : A2020-2641158
 Amount of Each Receipt this Period 10.00
 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
 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 ▼ 260.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731106
 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 38 OF 112
	<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. 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
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753038
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641256
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731198
 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 39 OF 112
	<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
 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753094
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641254
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731196
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Goldbeck, Donna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753096

Amount of Each Receipt this Period
30.00

Memo Item

B. Grieco, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641207

Amount of Each Receipt this Period
20.00

Memo Item

C. Grieco, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731096

Amount of Each Receipt this Period
20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 112
	<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
 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753011
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Hardiman, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641263
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Hardiman, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731206
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 112
	<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. Hardiman, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Center Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753103
 Amount of Each Receipt this Period 10.00
 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
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641232
 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
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731184
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 112
<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. 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
 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 ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2752997
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641149
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Henry, Danyel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Policy & Alliance D
 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 / 18 / 2020
Transaction ID : A2020-2731132
 Amount of Each Receipt this Period
 40.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 112
	<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. Henry, Danyel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Policy & Alliance D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753057
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Ho, Ju, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Health Economics & Out
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641203
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731097
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 112
<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. Ho, Ju, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2752987

Amount of Each Receipt this Period
20.00

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
----------------	-------------	-------------------

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

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

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	/	04	/	2020

Transaction ID : A2020-2641216

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
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Manager 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	/	18	/	2020

Transaction ID : A2020-2731181

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
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 112
<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. 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
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753079

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641210

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) 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	/	18	/	2020

Transaction ID : A2020-2731182

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 112
	<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. Jacquis, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753076
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641264
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731188
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753086
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641166
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731149
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 112
	<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. Johnson, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President North America New Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753030
 Amount of Each Receipt this Period
 20.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Application Development
 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 / 04 / 2020
Transaction ID : A2020-2641190
 Amount of Each Receipt this Period
 8.09
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Application Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731125
 Amount of Each Receipt this Period
 8.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.18
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 50 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.43

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753024
 Amount of Each Receipt this Period 8.09
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641222
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731170
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.09
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753075

Amount of Each Receipt this Period
30.00

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
----------------	-------------	-------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731131

Amount of Each Receipt this Period
10.00

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
----------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753053

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 52 OF 112
	<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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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 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Alliance Deve
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641206
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731177
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2752993
 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 53 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kewalramani, Reshma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 04 / 2020**
Transaction ID : A2020-2641159
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

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

Date of Receipt **12 / 18 / 2020**
Transaction ID : A2020-2731104
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

C. Kewalramani, Reshma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5184.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : A2020-2753042
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

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

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

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

FOR LINE NUMBER: PAGE 54 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641224
 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
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731094
 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
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2752989
 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 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 04 / 2020**
Transaction ID : A2020-2641191
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt **12 / 18 / 2020**
Transaction ID : A2020-2731126
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Krauss, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : A2020-2753018
 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: PAGE 56 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kuzmission, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Chemistry Manufact
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641172
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731155
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641178
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 112
	<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731145
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lee, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Commercial Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753052
 Amount of Each Receipt this Period 30.00
 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
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641199
 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: PAGE 58 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 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 ▼ 270.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731085
 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
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2752985
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Litner, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Patient Support Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641215
 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 59 OF 112
<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. Litner, Jessica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731180

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2752999

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641155

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 112
	<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. Liu, Joy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731121

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753023

Amount of Each Receipt this Period
20.00

Memo Item

C. LoRe, Erica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Intellectual Property Assistant Genera
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641164

Amount of Each Receipt this Period
30.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 112
	<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. LoRe, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Intellectual Property Assistant Genera
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731109
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753040
 Amount of Each Receipt this Period 30.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Commercial Training
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641160
 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 62 OF 112
	<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) 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 / 18 / 2020
Transaction ID : A2020-2731105
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Commercial Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753039
 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 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641153
 Amount of Each Receipt this Period 30.00
 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 63 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731153
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753059
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director Logistics & Distrib
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641252
 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 64 OF 112
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director Logistics & Distrib
 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 / 18 / 2020
Transaction ID : A2020-2731199
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate Director Logistics & Distrib
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753089
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MacNaught, Eustacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641195
 Amount of Each Receipt this Period 50.00
 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: PAGE 65 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MacNaught, Eustacia, , ,

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 18 / 2020**

Transaction ID : A2020-2731162

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MacNaught, Eustacia, , ,

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Community Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **12 / 31 / 2020**

Transaction ID : A2020-2753065

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Mancini, Mark, , ,

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Human Resources Business Partner Se

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 04 / 2020**

Transaction ID : A2020-2641176

Amount of Each Receipt this Period **10.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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

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

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

FOR LINE NUMBER: PAGE 66 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Human Resources Business Partner Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731148
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Human Resources Business Partner Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753049
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Marsh, Amelia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641213
 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 67 OF 112
	<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. Marsh, Amelia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing 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 / 18 / 2020
Transaction ID : A2020-2731179
 Amount of Each Receipt this Period 10.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753080
 Amount of Each Receipt this Period 10.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Health Economics & Out
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641170
 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 68 OF 112
<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. 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
 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 **12 / 18 / 2020**
Transaction ID : A2020-2731143
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Health Economics & Ot
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : A2020-2753031
 Amount of Each Receipt this Period 10.00
 Memo Item

C. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Alliance Deve
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 04 / 2020**
Transaction ID : A2020-2641163
 Amount of Each Receipt this Period 30.00
 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 69 OF 112
	<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. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Alliance Deve
 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 / 18 / 2020
Transaction ID : A2020-2731102
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McGoohan, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Policy & Alliance Deve
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753043
 Amount of Each Receipt this Period 30.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641208
 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: PAGE 70 OF 112
(check only one)

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

A. 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
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Marketing 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	/	18	/	2020

Transaction ID : A2020-2731164

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
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753068

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641223

Amount of Each Receipt this Period
50.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 112
	<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. Meeks, Tracey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) 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	/	18	/	2020

Transaction ID : A2020-2731172

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753073

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641196

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 72 OF 112
	<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. Meininger, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Pipeline Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731161
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Meininger, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Pipeline Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753069
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641251
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Meltzer, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731201
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753093
 Amount of Each Receipt this Period
 20.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Commercial Analytics
 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 / 04 / 2020
Transaction ID : A2020-2641220
 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 74 OF 112
<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. 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
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Commercial Analytics
--	--

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	/	18	/	2020

Transaction ID : A2020-2731091

Amount of Each Receipt this Period
10.00

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
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Director Commercial Analytics
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2752996

Amount of Each Receipt this Period
10.00

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
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641200

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 112
<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. 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
 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 ▼ 260.00

Date of Receipt **12 / 18 / 2020**
Transaction ID : A2020-2731086
 Amount of Each Receipt this Period 20.00
 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
 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 ▼ 280.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : A2020-2752984
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt **12 / 04 / 2020**
Transaction ID : A2020-2641245
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 112
	<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. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site He
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731186
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Negulescu, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Research Site H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753083
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Noorbehesht, Kavon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Imaging Research Scientist II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641204
 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 77 OF 112
<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. Noorbehesht, Kavon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Imaging Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731093
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641218
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731173
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

SUBTOTAL of Receipts This Page (optional).....	404.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 112
	<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. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director State Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5184.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753071
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

B. Parini, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Administrative Lega
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641226
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731110
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 112
<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. Parini, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Administrative Lega
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753007
 Amount of Each Receipt this Period 50.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director State Government Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641219
 Amount of Each Receipt this Period 28.09
 Memo Item

C. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director State Government Affai
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731090
 Amount of Each Receipt this Period 28.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	106.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 112
	<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. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director State Government Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 758.43

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2752994
 Amount of Each Receipt this Period 28.09
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641188
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Partridge, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President Investor Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731124
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	188.09
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 112
	<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. Partridge, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President Investor Relatio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : A2020-2753009

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2020

Transaction ID : A2020-2641221

Amount of Each Receipt this Period
30.00

Memo Item

C. Patel, Dhruvad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2020

Transaction ID : A2020-2731171

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 112
	<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. Patel, Dhrupad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Data Strategy & Solutions Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753074
 Amount of Each Receipt this Period
 30.00
 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
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641267
 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
 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 / 18 / 2020
Transaction ID : A2020-2731190
 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: PAGE 83 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 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 ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753087
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Perates, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Intellectual Property Associate Paralegal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641214
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Perates, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Intellectual Property Associate Paralegal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731183
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753078
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641187
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731128
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pietryka, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Spectrometry Research Scientist II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753015
 Amount of Each Receipt this Period 25.00
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641255
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731197
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753095
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641249
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731192
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 112
<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. Rasmussen, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753091
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rojas, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Alliance Management Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.25

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641145
 Amount of Each Receipt this Period 18.09
 Memo Item

C. Rojas, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Alliance Management Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.34

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731134
 Amount of Each Receipt this Period 18.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	56.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 112
<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. Rojas, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
488.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753054

Amount of Each Receipt this Period
18.09

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
----------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641146

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
----------------	-------------	-------------------

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	/	18	/	2020

Transaction ID : A2020-2731130

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 112
<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. 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
 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 ▼ 270.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753034
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Federal Governmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2604.25

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641212
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Federal Government
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2708.42

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731175
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	218.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 112
	<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. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director Federal Government
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2812.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753001
 Amount of Each Receipt this Period
 104.17
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641168
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Public Affairs 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 / 18 / 2020
Transaction ID : A2020-2731150
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 164.17
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 112
	<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. Shah, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Public Affairs Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753032
 Amount of Each Receipt this Period 30.00
 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
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641192
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Specialty Pharmacy Operations Associa
 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 / 18 / 2020
Transaction ID : A2020-2731156
 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 92 OF 112
<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. Shellock, 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
----------------	-------------	-------------------

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 ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753058

Amount of Each Receipt this Period
10.00

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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641248

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731191

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 93 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753090

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641150

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731136

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 112
	<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. Shraye, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Assistant General Counsel Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753036
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Silva, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Corporate C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641156
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Silva, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Corporate Cc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731119
 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 95 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753010

Amount of Each Receipt this Period
50.00

Memo Item

B. Simard, Christopher, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive Medical Director Patient Saf
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641186

Amount of Each Receipt this Period
20.00

Memo Item

C. Simard, Christopher, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Executive Medical Director Patient Saf
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731123

Amount of Each Receipt this Period
20.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 96 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753025
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641162
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Smith, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director Patient Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731157
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753047

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641167

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731140

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 98 OF 112
(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. Smith, Graeme, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Preclinical Safety and
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753028
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Tandon, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior I
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641143
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Tandon, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior D
 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 / 18 / 2020
Transaction ID : A2020-2731129
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 112
	<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. Tandon, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Policy & Alliance Development Senior C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753035
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Qu.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641175
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Qua
 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 / 18 / 2020
Transaction ID : A2020-2731147
 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 100 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<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. Tatsis, Ourania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP Chief Regulatory and Quality
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1350.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753050
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Tavolaro, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Logistics & Distribution
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 710.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641261
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Tavolaro, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Logistics & Distribution
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 740.00

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731202
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tavoraro, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753101

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641169

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2020

Transaction ID : A2020-2731138

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas, Vance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) SVP Pharmaceutical Sciences and Mar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753029
 Amount of Each Receipt this Period
 100.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Specialty Pharmacy
 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 / 04 / 2020
Transaction ID : A2020-2641262
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Associate National Specialty Pharmacy
 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 / 18 / 2020
Transaction ID : A2020-2731205
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 112
<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. 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
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Associate National Specialty Pharmacy
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-2753088

Amount of Each Receipt this Period
10.00

Memo Item

B. Tu, Tyson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2020

Transaction ID : A2020-2641202

Amount of Each Receipt this Period
10.00

Memo Item

C. Tu, Tyson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

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

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

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

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	/	18	/	2020

Transaction ID : A2020-2731098

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 104 OF 112
	<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. Tu, Tyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Director Medical Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2752988
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Valentin, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641201
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt 12 / 18 / 2020
Transaction ID : A2020-2731167
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 112
<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
 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 ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753063
 Amount of Each Receipt this Period
 30.00
 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
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641265
 Amount of Each Receipt this Period
 10.00
 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
 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 / 18 / 2020
Transaction ID : A2020-2731207
 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 106 OF 112
<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. 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
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753102
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President U.S. Public Affairs & A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4716.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641171
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President U.S. Public Affairs & A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4908.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731154
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

SUBTOTAL of Receipts This Page (optional).....	394.00
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 107 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President U.S. Public Affairs & A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5100.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753033
 Amount of Each Receipt this Period 192.00
 Memo Item
 See memo

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
 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 ▼ 225.00

Date of Receipt 12 / 31 / 2020
Transaction ID : A2020-2753072
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Cor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 04 / 2020
Transaction ID : A2020-2641180
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	317.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 112
	<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. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731115
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Yohai, Sabrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President Corporate Legal and Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753021
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : A2020-2641266
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 109 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : A2020-2731189
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : A2020-2753085
 Amount of Each Receipt this Period 20.00
 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

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	11862.13

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Vertex Pharmaceuticals Incorporated Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City
Richmond

State
VA

Zip Code
23261

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B782397

Amount of Each Disbursement this Period

62.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City
Richmond

State
VA

Zip Code
23261

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B783766

Amount of Each Disbursement this Period

55.69

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

118.39

118.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Vertex Pharmaceuticals Incorporated Political Action Committee

Full Name (Last, First, Middle Initial)

A. 4 MA PAC

Mailing Address PO Box 590464

City
Newton

State
MA

Zip Code
02459

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			20	20		

FEC Identification Number

C00543504

Transaction ID : B740709

Amount of Each Disbursement this Period

-	1000	.00
---	------	-----

Memo Item 09/17/19
Voided: Original check dated

Full Name (Last, First, Middle Initial)

B. Ben Sasse for US Senate Inc.

Mailing Address 700 R St Unit 83978

City
Lincoln

State
NE

Zip Code
68501

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sasse, Ben, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			20	20		

FEC Identification Number

C00547976

Transaction ID : B732549

Amount of Each Disbursement this Period

-	1000	.00
---	------	-----

Memo Item 06/17/19
Voided: Original check dated

Full Name (Last, First, Middle Initial)

C. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City
Worcester

State
MA

Zip Code
01606

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

McGovern, James, P, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			20	20		

FEC Identification Number

C00285171

Transaction ID : B755813

Amount of Each Disbursement this Period

-	2000	.00
---	------	-----

Memo Item 01/23/20
Voided: Original check dated

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

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

-	4000	.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Vertex Pharmaceuticals Incorporated Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Markey Committee

Mailing Address PO Box 120029

City
Boston

State
MA

Zip Code
02112

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Markey, Edward, J, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2020

FEC Identification Number

C C00196774

Transaction ID : B703528

Amount of Each Disbursement this Period

- 1500.00

Memo Item 09/13/18
Voided: Original check dated

Full Name (Last, First, Middle Initial)

B. Sinema for Arizona

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	21	/	2020

FEC Identification Number

C C00508804

Transaction ID : B782893

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

- 500.00

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

- 4500.00