

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

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

FOR LINE NUMBER: PAGE 78 OF 386

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Vertex Pharmaceuticals Incorporated Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlino, Brian, , ,

Mailing Address 50 Northern Ave

City
Boston

State
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 / D D / Y Y Y Y Y Y
12 / 20 / 2019

Transaction ID : A2019-2964364

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carney, Lloyd, , ,

Mailing Address 50 Northern Ave

City
Boston

State
MA

Zip Code
02210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vertex Pharmaceuticals Incorporated

Occupation (for Individual)
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : A2019-1948940

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carroll, Kilpatrick, , ,

Mailing Address 50 Northern Ave

City
Boston

State
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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2019

Transaction ID : A2019-1458533

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3030.00