

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

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

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NAME OF COMMITTEE (In Full)

bluebird bio, Inc. Political Action Committee (d/b/a bluebird bio PAC)

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name O'Meara, Tara, , ,</p> <p>Mailing Address 60 Binney Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Cambridge</td> <td style="width: 15%;">State MA</td> <td style="width: 52%;">Zip Code 02142</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Bluebird Bio</td> <td style="width: 67%;">Occupation (for Individual) VP, Clinical Development</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ 300.00</p>			City Cambridge	State MA	Zip Code 02142	Name of Employer (for Individual) Bluebird Bio	Occupation (for Individual) VP, Clinical Development	<p>Date of Receipt 01 / 09 / 2020</p> <p>Transaction ID : INCA152</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Cambridge	State MA	Zip Code 02142							
Name of Employer (for Individual) Bluebird Bio	Occupation (for Individual) VP, Clinical Development								
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt / / </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>	
City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
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City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>300.00</p>						
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>1550.01</p>						