Received

JAN 07 2021

**West Virginia Ethics Commission**

# Lobbyist Activity Report Form WV Ethics Commission

**2020-03**

*Late reporting fine - $10 per business day past the due date ($250 maximum)*

**1.   Name and contact information**

Name  Michelle Jacquis                                      Phone 617-352-6336

Business Address  50 Northern Avenue            Business Email Michelle_Jacquis@vrtx.com

City, State Zip  Boston, MA 02210

**2.   Reporting period for which this activity report is being filed**

| Check | Report | Period | Due Date | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| x | 2020-3 | 9/1/20 - 12/31/20 | 1/15/2021 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**3.   List all employers/organizations that you represent as a lobbyist**          *Use additional reporting forms if necessary.*

1. Vertex Pharmaceuticals, Inc.                          4. _____

2. _____          5. _____

3. _____          6. _____

**4.   Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

NONE

**5.   Expenditures**

*If no expenditures, including campaign contributions, mark here:*  ✓

If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent.  Complete and attach Schedule A to this report.

| | Expenditure Categories | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
|---|---|---|---|---|---|---|---|---|
| A. | Meals and Beverages | $ | $ | $ | $ | $ | $ | $ |
| B. | Lodging | $ | $ | $ | $ | $ | $ | $ |
| C. | Advertising | $ | $ | $ | $ | $ | $ | $ |
| D. | Travel | $ | $ | $ | $ | $ | $ | $ |
| E. | Gifts | $ | $ | $ | $ | $ | $ | $ |
| F. | Other Expenses | $ | $ | $ | $ | $ | $ | $ |
| G. | Group Expenditures | $ | $ | $ | $ | $ | $ | $ |
| H. | Campaign Contributions | *LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.* | | | | ⟶ | | $ |
| I. | **TOTAL of all expenditures** | $ | $ | $ | $ | $ | $ | $ |

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above.  Complete and attach a Schedule B for each event.