## RECEIVED

By Ethics Commission at 10:48 am, May 05, 2022

## West Virginia Ethics Commission Lobbyist Activity Report Form <br> 2022-01

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

West Virginia Ethics Commission
Attn: Lobbyist Registrar
210 Brooks St., Ste. 300
Charleston, WV 25301
304-558-0664 No faxed copies
For office use only:
Postmark $\qquad$ Rec'd Fine $\qquad$
$\qquad$

## 1. Name and contact information

| NameMichelle Jacquis <br> Address 50 Northern Avenue | Phone617-352-6336$\quad$ Email Michelle_Jacquis@vrtx.com |
| :--- | :--- |

city, State Zip Boston, MA 02210

Phone 617-352-6336
Email Michelle_Jacquis@vrtx.com

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

| Check | Report | Period | Due Date |
| :---: | :--- | :--- | :--- |
| $x$ | $2022-1$ | $1 / 1 / 22-4 / 30 / 22$ | $5 / 16 / 22$ |
|  |  |  |  |
|  |  |  |  |


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| :--- | :--- | :--- | :--- |
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|  |  |  |  |
|  |  |  |  |

3. List all employers/organizations that you represent as a lobbyist

## Use additional reporting forms if necessary.

1. Vertex Pharmaceuticals, Inc.
2. 
3. 
4. $\qquad$

## 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none." <br> 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 AMOUN | IN "TOTAL | ENDED" COL |  |  | — | \$ |
| I. | TOTAL of all expenditures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5 G immediately above. Complete and attach a Schedule B for each event. |  |  |  |  |  |  |  |  |

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