

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC')

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="2015"/>	<input type="text" value="4503.15"/>	<input type="text" value="4503.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26390.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16821.00"/>	<input type="text" value="61519.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43211.69"/>	<input type="text" value="66022.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39006.10"/>	<input type="text" value="61816.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4205.59"/>	<input type="text" value="4205.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC')

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).....	15625.00	51930.00
(ii) Unitemized	1196.00	6589.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16821.00	58519.00
(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)	16821.00	58519.00
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.11
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))..... ▶	16821.00	61519.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16821.00	61519.11

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	6.10	316.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.10	316.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	61500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	39006.10	61816.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39006.10	61816.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	16821.00	58519.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16821.00	58519.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.10	316.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6.10	316.67

**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 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Gayle Cichocki
Full Name (Last, First, Middle Initial)

Mailing Address 386 Chadwick Cir

City Henderson State NV Zip Code 89014-4523

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

Name of Employer: Varian Medical Systems Occupation: National Tech Supply Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980198345611

Amount of Each Receipt this Period: **130.00**

P/R Deduction (\$10.00 Bi-Weekly)

B. Catherine Deluca
Full Name (Last, First, Middle Initial)

Mailing Address 304 Oconnor St

City Menlo Park State CA Zip Code 94025-2663

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

Name of Employer: Varian Medical Systems Occupation: Manager, Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980198445611

Amount of Each Receipt this Period: **650.00**

P/R Deduction (\$50.00 Bi-Weekly)

C. Robert Drubka
Full Name (Last, First, Middle Initial)

Mailing Address 5250 S Rainbow Bl #1145

City Las Vegas State NV Zip Code 89118-0630

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

Name of Employer: Varian Medical Systems Occupation: General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980198545611

Amount of Each Receipt this Period: **650.00**

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1430.00
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 8 OF 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Anna Emmons
Full Name (Last, First, Middle Initial)

Mailing Address 24 Aliso Wy

City Menlo Park State CA Zip Code 94028-7527

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

Name of Employer: Varian Medical Systems Occupation: Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR1980198745611

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Carlos Garces
Full Name (Last, First, Middle Initial)

Mailing Address 11760 NW 27th St

City Plantation State FL Zip Code 33323-1856

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

Name of Employer: Varian Medical Systems Occupation: Customer Support Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR1980198845611

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Robert Gemperline
Full Name (Last, First, Middle Initial)

Mailing Address 710 Chestnut Ct

City Algonquin State IL Zip Code 60102-2118

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

Name of Employer: Varian Medical Systems Occupation: SW Engineer IV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR1980199045611

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00

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 9 OF 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial) A. Jon Hollon		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1980199145611
Mailing Address 322 Karen Av #3006		Amount of Each Receipt this Period 390.00
City Las Vegas	State NV	Zip Code 89109-0445
FEC ID number of contributing federal political committee. C	Name of Employer Varian Medical Systems	Occupation Director, Worldwide Training and Educa
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. David Hurlock		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1980199245611
Mailing Address 2045 Ashburton Way		Amount of Each Receipt this Period 130.00
City Mount Pleasant	State SC	Zip Code 29466-6877
FEC ID number of contributing federal political committee. C	Name of Employer Varian Medical Systems	Occupation Manager, Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Theodore Jackson		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1980199345611
Mailing Address 2142 Oak Forest Dr		Amount of Each Receipt this Period 130.00
City Ellicott City	State MD	Zip Code 21043-1966
FEC ID number of contributing federal political committee. C	Name of Employer Varian Medical Systems	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 10 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)
A. Stacy June

Mailing Address 174 Mosby Woods Dr

City Newnan State GA Zip Code 30265-2212

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

Name of Employer Varian Medical Systems Occupation Manager II

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 / 31 / 2015

Transaction ID : PR1980199445611

Amount of Each Receipt this Period
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mark Kaye

Mailing Address 1830 High Trail

City Atlanta State GA Zip Code 30339-8470

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

Name of Employer Varian Medical Systems Occupation 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 / 31 / 2015

Transaction ID : PR1980199545611

Amount of Each Receipt this Period
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
c. Ching Clifton Ling

Mailing Address 345 E 69th Street, PH E

City New York State NY Zip Code 10021-5595

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

Name of Employer Varian Medical Systems Occupation 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 / 31 / 2015

Transaction ID : PR1980199645611

Amount of Each Receipt this Period
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 11 OF 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Stanley Mansfield
Full Name (Last, First, Middle Initial)

Mailing Address 1137 S Bernardo Ave

City Sunnyvale State CA Zip Code 94087-2057

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

Name of Employer: Varian Medical Systems Occupation: Sr Manager, Research Science

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980199745611

Amount of Each Receipt this Period: **130.00**

P/R Deduction (\$10.00 Bi-Weekly)

B. David Nisius
Full Name (Last, First, Middle Initial)

Mailing Address 315 Stafford Rd

City Des Plaines State IL Zip Code 60016-2109

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

Name of Employer: Varian Medical Systems Occupation: Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980199845611

Amount of Each Receipt this Period: **650.00**

P/R Deduction (\$50.00 Bi-Weekly)

c. Mary O'Byrne
Full Name (Last, First, Middle Initial)

Mailing Address 290 Live Oak Ln

City Los Altos State CA Zip Code 94022-2175

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

Name of Employer: Varian Medical Systems Occupation: VP, Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR1980199945611

Amount of Each Receipt this Period: **130.00**

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	910.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Alan Palter
Full Name (Last, First, Middle Initial)

Mailing Address 2035 Queens Lane

City San Mateo State CA Zip Code 94402-3930

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

Name of Employer Varian Medical Systems Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1980200045611

Amount of Each Receipt this Period
130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Mark Patzer
Full Name (Last, First, Middle Initial)

Mailing Address 424 3rd Ln S

City Kirkland State WA Zip Code 98033-6610

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

Name of Employer Varian Medical Systems Occupation Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1980200145611

Amount of Each Receipt this Period
325.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Michael Petrillo
Full Name (Last, First, Middle Initial)

Mailing Address 7910 Boothill Drive

City Park City State UT Zip Code 84098-5394

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

Name of Employer Varian Medical Systems Occupation Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR1980200245611

Amount of Each Receipt this Period
130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00

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 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Jeff Shue
Full Name (Last, First, Middle Initial)
Mailing Address 2721 NW 78th St
City Topeka State KS Zip Code 66618-2107
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Product Spt Engineer IV
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1980200545611
Amount of Each Receipt this Period **130.00**
P/R Deduction (\$10.00 Bi-Weekly)

B. Stacy Stordahl
Full Name (Last, First, Middle Initial)
Mailing Address 2611 Ross Rd
City Chevy Chase State MD Zip Code 20815-3834
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Director Policy & Reimbursement
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1980200645611
Amount of Each Receipt this Period **260.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. Maureen Tracy
Full Name (Last, First, Middle Initial)
Mailing Address 520 N Charter Street
City Monticello State IL Zip Code 61856-1170
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Principal Director, Government Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1300.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR1980200945611
Amount of Each Receipt this Period **650.00**
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1040.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Gary Virshup
Full Name (Last, First, Middle Initial)

Mailing Address 753 Stendhal Lane

City State Zip Code
Cupertino CA 95014-4658

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

Name of Employer Occupation
Varian Medical Systems Director, Research Science

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
12 / 31 / 2015

Transaction ID : PR1980201045611

Amount of Each Receipt this Period
130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Andrew Whitman
Full Name (Last, First, Middle Initial)

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212-1613

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

Name of Employer Occupation
Varian Medical Systems Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
12 / 31 / 2015

Transaction ID : PR1980201245611

Amount of Each Receipt this Period
1625.00

P/R Deduction (\$125.00 Bi-Weekly)

C. Robert Wood
Full Name (Last, First, Middle Initial)

Mailing Address 56 Centennial Way

City State Zip Code
San Ramon CA 94583-2615

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

Name of Employer Occupation
Varian Medical Systems VP, Ops Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015

Transaction ID : PR1980201445611

Amount of Each Receipt this Period
130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1885.00
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 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial) A. Julie Yuan		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1980201645611
Mailing Address 816 Killarney Ct		Amount of Each Receipt this Period 130.00
City Sunnyvale State CA Zip Code 94087-4864	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Varian Medical Systems Occupation Controller V	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Corey Zankowski		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1980201745611
Mailing Address 1641 Kirk Ct		Amount of Each Receipt this Period 130.00
City San Jose State CA Zip Code 95124-4800	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Varian Medical Systems Occupation Sr Director	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jessica Denecour		Date of Receipt 12 / 31 / 2015 Transaction ID : PR1981203645611
Mailing Address 222 Ferndale Way		Amount of Each Receipt this Period 130.00
City Emerald Hills State CA Zip Code 94062-3906	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Varian Medical Systems Occupation SVP CIO	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Josh Star-Lack
Full Name (Last, First, Middle Initial)
Mailing Address 902 Van Auken Circle
City Palo Alto State CA Zip Code 94303-3841
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Ginzton Tech Ctr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR1981204345611
Amount of Each Receipt this Period 150.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Jon Hopkins
Full Name (Last, First, Middle Initial)
Mailing Address 1314 Featherwood Drive
City Murphy State TX Zip Code 75094-4174
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation World Wide Sales - Particle Therapy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2016511045611
Amount of Each Receipt this Period 650.00
P/R Deduction (\$50.00 Bi-Weekly)

C. John Kowal
Full Name (Last, First, Middle Initial)
Mailing Address 1905 Big Bend Cove
City Southlake State TX Zip Code 76092-6933
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Field Sales VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2016511145611
Amount of Each Receipt this Period 325.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Richard Vansaun
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Daffodil Lane
 City Medway State MA Zip Code 02053-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Regional 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 / 31 / 2015
Transaction ID : PR2016511245611
 Amount of Each Receipt this Period
 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. James Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 522 East First Avenue No3
 City Salt Lake City State UT Zip Code 84103-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Mechanical Engineer IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR2021049145611
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$0.00 Bi-Weekly)

C. Lea-Phane Cheng
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Kootenai Court
 City Fremont State CA Zip Code 94539-6807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Sr Mgr, Budget Finance
 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 / 31 / 2015
Transaction ID : PR2021049245611
 Amount of Each Receipt this Period
 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 18 OF 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Richard Colbeth
Full Name (Last, First, Middle Initial)

Mailing Address 1243 Richardson Ave

City Los Altos State CA Zip Code 94024-6034

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

Name of Employer: Varian Medical Systems Occupation: VP, R&D & Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR2021049345611

Amount of Each Receipt this Period: **520.00**

P/R Deduction (\$40.00 Bi-Weekly)

B. Jill Hass
Full Name (Last, First, Middle Initial)

Mailing Address 848 E Frisbie Way

City Salina State KS Zip Code 67401-9261

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

Name of Employer: Varian Medical Systems Occupation: Clinical Implmnt Cnslt IV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR2021049645611

Amount of Each Receipt this Period: **130.00**

P/R Deduction (\$10.00 Bi-Weekly)

C. Patrick Joda
Full Name (Last, First, Middle Initial)

Mailing Address 5192 Independence Drive

City Pleasanton State CA Zip Code 94566-7803

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

Name of Employer: Varian Medical Systems Occupation: VP, OS Cust Svc Spt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 31 / 2015**

Transaction ID : PR2021049745611

Amount of Each Receipt this Period: **260.00**

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **910.00**

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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Richard LaFave
 Full Name (Last, First, Middle Initial)
 Mailing Address 2790 Bellini Dr
 City Henderson State NV Zip Code 89052-3164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Project (Design) Mgr IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2021049845611
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Richard Lerma
 Full Name (Last, First, Middle Initial)
 Mailing Address 42926 Joshua Tree Court
 City Murrieta State CA Zip Code 92562-8949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Mgr II, Field Service (CSS)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2021049945611
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Lawrence Lindberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 3162 Stardust Street
 City Rocklin State CA Zip Code 95677-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Director, Prog Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2021050045611
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Stavros Prionas
Full Name (Last, First, Middle Initial)
Mailing Address 180 Leland Ave
City Menlo Park State CA Zip Code 94025-6163
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Clinicl Trning Splst IV
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2021050245611
Amount of Each Receipt this Period 130.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Vy Tran
Full Name (Last, First, Middle Initial)
Mailing Address 367 Santana Heights no 5038
City San Jose State CA Zip Code 95128-2096
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VP, Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2021050345611
Amount of Each Receipt this Period 260.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Vitali Tupikov
Full Name (Last, First, Middle Initial)
Mailing Address 555 Chester Ct West
City Aurora State IL Zip Code 60504-5229
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Electrical Engineer IV
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR2021050445611
Amount of Each Receipt this Period 130.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Carl LaCasce
 Full Name (Last, First, Middle Initial)
 Mailing Address 5074 Red Fox Court
 City Park City State UT Zip Code 84098-7568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation VP General Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2202643945611
 Amount of Each Receipt this Period **650.00**
 P/R Deduction (\$50.00 Bi-Weekly)

B. Michael Ryberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Essex Lane
 City Irvine State CA Zip Code 92620-0241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation VP Global Supply Chain
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **880.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2202644245611
 Amount of Each Receipt this Period **260.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. James Suffoletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 Indian Home Rd.
 City Danville State CA Zip Code 94526-4365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Director Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR2202644345611
 Amount of Each Receipt this Period **650.00**
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
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 29
	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Edward Vertatschitsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Oakview Drive
 City San Carlos State CA Zip Code 94070-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Sr Dir General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2202644445611
 Amount of Each Receipt this Period 520.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Xiao Zhang
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 River Reserve Drive
 City Hartland State WI Zip Code 53029-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Managing Director VI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2202644545611
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Nancy Boughton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 Ebbetts Drive
 City Campbell State CA Zip Code 95008-5111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Sr Dir Import/exp Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR2362779045611
 Amount of Each Receipt this Period 195.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	845.00
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 29
<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Deepak Khuntia
Full Name (Last, First, Middle Initial)

Mailing Address 1358 Country Club Drive

City Los Altos	State CA	Zip Code 94024-5302
-------------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation Vp Medical Affairs
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : PR2362779645611

Amount of Each Receipt this Period
260.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Anup Pant
Full Name (Last, First, Middle Initial)

Mailing Address 726 Choctaw Drive

City Fremont	State CA	Zip Code 94539-7175
-----------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation Sw Engineer Iv (apps)
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1470.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : PR2362780045611

Amount of Each Receipt this Period
1365.00

P/R Deduction (\$105.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	15625.00

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"/> 24	<input type="checkbox"/> 25	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
PayPal fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 69685607

Amount of Each Disbursement this Period

6.10

PayPal fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6.10

6.10

**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"/> 24	<input type="checkbox"/> 25	<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)

Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Contribution: CMR American Dream Project

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : 66903625

Amount of Each Disbursement this Period

10000.00

Contribution: CMR American Dream Project

Full Name (Last, First, Middle Initial)

B. Great Lakes PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution: Great Lakes PAC

Candidate Name

Great Lakes PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : 69683467

Amount of Each Disbursement this Period

2500.00

Contribution: Great Lakes PAC

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution: Chris Stewart (R-2nd UT)

Candidate Name

Chris Stewart

Office Sought: House Senate President
State: UT District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 69683469

Amount of Each Disbursement this Period

2500.00

Contribution: Chris Stewart (R-2nd UT)

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

15000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S. West Temple
Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution: Orrin PAC

011

Candidate Name
ORRINPAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 69683471

Amount of Each Disbursement this Period

2500.00

Contribution: Orrin PAC

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 10847

City State Zip Code
Rochester NY 14610

Purpose of Disbursement
Contribution: Tom Reed (R-23rd NY)

011

Candidate Name
Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 69683472

Amount of Each Disbursement this Period

1500.00

Contribution: Tom Reed (R-23rd NY)

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 386

City State Zip Code
Clarence NY 14031

Purpose of Disbursement
Contribution: Chris Collins (R-27th NY)

011

Candidate Name
Christopher Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 69683474

Amount of Each Disbursement this Period

1000.00

Contribution: Chris Collins (R-27th NY)

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

**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"/> 24	<input type="checkbox"/> 25	<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)
Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. Upton Victory Committee

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution: Upton Victory Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : 69683476

Amount of Each Disbursement this Period

5000.00

Contribution: Upton Victory Committee

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution: Shore PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : 69683477

Amount of Each Disbursement this Period

2500.00

Contribution: Shore PAC

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 422 C Street, NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution: Searchlight Leadership Fund

Candidate Name

Searchlight Leadership Fund

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : 69683479

Amount of Each Disbursement this Period

1000.00

Contribution: Searchlight Leadership Fund

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

**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"/> 24	<input type="checkbox"/> 25	<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)

Varian Medical Systems, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
Contribution: Scott Peters (D-52nd CA)

011

Candidate Name

Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : 69683483

Amount of Each Disbursement this Period

2500.00

Contribution: Scott Peters (D-52nd CA)

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contribution: Charles Schumer (D-NY)

011

Candidate Name

Sen. Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : 69683484

Amount of Each Disbursement this Period

1500.00

Contribution: Charles Schumer (D-NY)

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contribution: Charles Schumer (D-NY)

011

Candidate Name

Sen. Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : 69685569

Amount of Each Disbursement this Period

500.00

Contribution: Charles Schumer (D-NY)

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

