



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="4503.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44518.11"/>	<input type="text" value="44518.11"/>
(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="49021.26"/>	<input type="text" value="49021.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22810.57"/>	<input type="text" value="22810.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26210.69"/>	<input type="text" value="26210.69"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

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).....	36305.00	36305.00
(ii) Unitemized .....	5213.00	5213.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41518.00	41518.00
(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) .....	41518.00	41518.00
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.....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.11	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))..... ▶	44518.11	44518.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44518.11	44518.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	310.57	310.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	310.57	310.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	22500.00
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)) ..	22810.57	22810.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22810.57	22810.57

**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) .....	41518.00	41518.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41518.00	41518.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	310.57	310.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	310.57	310.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 24
	(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

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. Dow Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 548 E Crescent  
City Palo Alto State CA Zip Code 94301-3107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Medical Systems Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015  
**Transaction ID : 66902878**  
Amount of Each Receipt this Period  
5000.00

**B. Robert Andrew Eckert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Vineyard Hill Road  
City Woodside State CA Zip Code 94062-2532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Board of Directors Occupation Chair  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015  
**Transaction ID : 66902880**  
Amount of Each Receipt this Period  
2500.00

**C. Susan Bostrom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1071 Via Del Pozo  
City Los Altos State CA Zip Code 94022-1040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015  
**Transaction ID : 66902882**  
Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> 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 7 OF 24
	(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"/> 15
<input type="checkbox"/> 12	<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. Mark Laret**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Rancho Dr  
 City Tiburon State CA Zip Code 94920-2669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of San Francisco Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : 66903207**  
 Amount of Each Receipt this Period  
 2500.00

**B. Kathryn Cross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22284 Cart Blanca Street  
 City Cupertino State CA Zip Code 95014-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Varian Medical Systems Occupation VP, Compensation and HRIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 66903230**  
 Amount of Each Receipt this Period  
 1000.00

**C. Wendy Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1236 Hoover Street  
 City Menlo Park State CA Zip Code 94025-4217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Varian Medical Systems Occupation SVP Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2015  
**Transaction ID : 66903240**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 8 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Varian Medical Systems, Inc. PAC ('Varian PAC')**

**A. Eva Huddleston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7233 Manchaca Rd number 14  
 City Austin State TX Zip Code 78745-5292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Varian Medical Systems Occupation Reimb Hlth Policy Spec III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : 66903685**  
 Amount of Each Receipt this Period 500.00

**B. Gary Virshup**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 753 Stendhal Ln  
 City Cupertino State CA Zip Code 95014-4658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Varian Medical Systems Occupation Director, Research Science  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : 66903688**  
 Amount of Each Receipt this Period 500.00

**C. Kevin O'Reilly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1042 Persimmon Ave.  
 City Sunnyvale State CA Zip Code 94087-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Varian Medical Systems Occupation VP, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : 66903689**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**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 24
	<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. Elisha Finney**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Rockridge

City Hillsborough State CA Zip Code 94010-6927

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

Name of Employer Varian Medical Systems Occupation EVP, CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : 66903690**

Amount of Each Receipt this Period  
5000.00

**B. Sukhveer Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Sandhurst Street

City Redwood City State CA Zip Code 94065-2867

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : 66903691**

Amount of Each Receipt this Period  
250.00

**C. Kolleen Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 178 Cuesta De Los Gatos Way

City Los Gatos State CA Zip Code 95032-5469

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

Name of Employer Varian Medical Systems Occupation EVP, President OS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : 66903692**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> 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 24
	(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')**

**A. John Kuo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12664 Wardell Court

City State Zip Code  
Saratoga CA 95070-3701

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

Name of Employer Occupation  
Varian Medical Systems SVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015  
**Transaction ID : 66903693**

Amount of Each Receipt this Period  
1000.00

**B. Keith Askoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Mercy St.  
26th Floor

City State Zip Code  
Mountain View CA 94041-2204

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

Name of Employer Occupation  
Varian Medical Systems Associate General Counsel

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  
06 / 30 / 2015  
**Transaction ID : PR1833140641886**

Amount of Each Receipt this Period  
260.00

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

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

Mailing Address 304 Oconnor St

City State Zip Code  
Menlo Park CA 94025-2663

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

Name of Employer Occupation  
Varian Medical Systems Manager, Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : PR1980198441886**

Amount of Each Receipt this Period  
650.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1910.00
<b>TOTAL</b> 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 11 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Varian Medical Systems, Inc. PAC ('Varian PAC')**

**A. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR1980198541886**  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jon Hollon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Karen Av #3006  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR1980199141886**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. David Nisius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 Statford 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 ▼ 650.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR1980199841886**  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1690.00  
**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 24
	<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. 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 ▼ **325.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR1980200141886**

Amount of Each Receipt this Period: **325.00**

P/R Deduction (\$25.00 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 ▼ **260.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR1980200641886**

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 ▼ **650.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR1980200941886**

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1235.00</b>
<b>TOTAL</b> 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 13 OF 24
	(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"/> 15
<input type="checkbox"/> 12	<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 Ln

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 ▼  
**630.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : PR1980201041886**

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 ▼  
**1625.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : PR1980201241886**

Amount of Each Receipt this Period  
**1625.00**

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

**C. Jon Hopkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Featherwood Drive

City State Zip Code  
Murphy TX 75094-4174

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

Name of Employer Occupation  
Varian Medical Systems World Wide Sales - Particle Therapy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : PR2016511041886**

Amount of Each Receipt this Period  
**650.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2405.00</b>
<b>TOTAL</b> 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 14 OF 24
	(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"/> 15
<input type="checkbox"/> 12	<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. 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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR201651141886**

Amount of Each Receipt this Period  
**325.00**

P/R Deduction (\$25.00 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 ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2021049141886**

Amount of Each Receipt this Period  
**260.00**

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

**C. 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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2021049341886**

Amount of Each Receipt this Period  
**520.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1105.00</b>
<b>TOTAL</b> 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 15 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Varian Medical Systems, Inc. PAC ('Varian PAC')**

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

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 ▼ **260.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR2021049741886**

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

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

Full Name (Last, First, Middle Initial)  
**B. Vy Tran**

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 ▼ **260.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR2021050341886**

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

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

Full Name (Last, First, Middle Initial)  
**C. Carl LaCasce**

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 ▼ **650.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : PR2202643941886**

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ► **1170.00**

**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 16 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Varian Medical Systems, Inc. PAC ('Varian PAC')**

Full Name (Last, First, Middle Initial)  
**A. Michael Ryberg**

Mailing Address 53 Essex Lane

City State Zip Code  
 Irvine CA 92620-0241

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

Name of Employer Occupation  
 Varian Medical Systems VP Global Supply Chain

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 620.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : PR2202644241886**

Amount of Each Receipt this Period  
 620.00

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

Full Name (Last, First, Middle Initial)  
**B. James Suffoletta**

Mailing Address 604 Indian Home Rd.

City State Zip Code  
 Danville CA 94526-4365

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

Name of Employer Occupation  
 Varian Medical Systems Director Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : PR2202644341886**

Amount of Each Receipt this Period  
 650.00

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

Full Name (Last, First, Middle Initial)  
**C. Edward Vertatschitsch**

Mailing Address 250 Oakview Drive

City State Zip Code  
 San Carlos CA 94070-4537

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

Name of Employer Occupation  
 Varian Medical Systems Sr Dir General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : PR2202644441886**

Amount of Each Receipt this Period  
 520.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1790.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36305.00



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

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

FOR LINE NUMBER: PAGE 17 OF 24  
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Varian Medical Systems, Inc. PAC ('Varian PAC')**

**A. Friends For Harry Reid**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 19163  
City Las Vegas State NV Zip Code 89132  
FEC ID number of contributing federal political committee. **C** C00204370  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015  
**Transaction ID : 66903241**  
Amount of Each Receipt this Period  
3000.00  
refund of contribution

**B.**  
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 Y Y  
Amount of Each Receipt this Period

**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 Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

**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

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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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903699**

Amount of Each Disbursement this Period

PayPal fee

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903700**

Amount of Each Disbursement this Period

PayPal fee

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903701**

Amount of Each Disbursement this Period

PayPal fee

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

**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 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

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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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903702**

Amount of Each Disbursement this Period

PayPal fee

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903703**

Amount of Each Disbursement this Period

PayPal fee

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 66903706**

Amount of Each Disbursement this Period

PayPal fee

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

**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. 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

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 66902868**

Amount of Each Disbursement this Period

1000.00

Contribution: Charles Schumer (D-NY)

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Contribution: Johnny Isakson (R-GA)

011

Candidate Name  
**Sen. Johnny Isakson**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : 66902883**

Amount of Each Disbursement this Period

1000.00

Contribution: Johnny Isakson (R-GA)

Full Name (Last, First, Middle Initial)

**C. Chris Coons For Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement  
Contribution: Chris Coons (D-DE)

011

Candidate Name  
**Sen. Chris A. Coons**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: DE District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : 66902885**

Amount of Each Disbursement this Period

1000.00

Contribution: Chris Coons (D-DE)

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

3000.00

**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. HellerHighWater PAC**

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
Contribution: HellerHighWater PAC

011

Candidate Name

**HellerHighWater PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : 66902886**

Amount of Each Disbursement this Period

2500.00

Contribution: HellerHighWater PAC

Full Name (Last, First, Middle Initial)

**B. Heller For Congress**

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Contribution: Dean Heller (R-NV)

011

Candidate Name

**Rep. Dean Heller**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NV District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : 66902887**

Amount of Each Disbursement this Period

2500.00

Contribution: Dean Heller (R-NV)

Full Name (Last, First, Middle Initial)

**C. Full House PAC**

Mailing Address PO Box 530520

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Contribution: Full House PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

**Transaction ID : 66902897**

Amount of Each Disbursement this Period

1000.00

Contribution: Full House PAC

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

6000.00

**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. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement  
Contribution: Tim Scott (R-SC)

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2015

**Transaction ID : 66902898**

Amount of Each Disbursement this Period

3000.00

Contribution: Tim Scott (R-SC)

Full Name (Last, First, Middle Initial)

**B. Bluegrass Committee**

Mailing Address 400 N. Capitol Street, NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution: Bluegrass Committee

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2015

**Transaction ID : 66902908**

Amount of Each Disbursement this Period

2500.00

Contribution: Bluegrass Committee

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution: Joe Heck (R-3rd NV)

011

Candidate Name

**Rep. Joseph J. Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

**Transaction ID : 66902909**

Amount of Each Disbursement this Period

2000.00

Contribution: Joe Heck (R-3rd NV)

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

7500.00

**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. 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  
06 / 16 / 2015

**Transaction ID : 66903615**

Amount of Each Disbursement this Period

2000.00

Contribution: Orrin PAC

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress, Inc.**

Mailing Address PO Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement  
Contribution: Paul Ryan (R-1st WI)

011

Candidate Name  
**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 66903617**

Amount of Each Disbursement this Period

1500.00

Contribution: Paul Ryan (R-1st WI)

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102

Purpose of Disbursement  
Contribution: Brett Guthrie (R-2nd KY)

011

Candidate Name  
**Rep. Brett Guthrie**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 66903620**

Amount of Each Disbursement this Period

1500.00

Contribution: Brett Guthrie (R-2nd KY)

**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. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution: Joe Heck (R-3rd NV)

Candidate Name  
**Rep. Joseph J. Heck**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : 66903621

Amount of Each Disbursement this Period

1000.00
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Contribution: Joe Heck (R-3rd NV)

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
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22500.00
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