

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Varian Medical Systems, Inc. PAC ('Varian PAC')

ADDRESS (number and street) 801 Pennsylvania Avenue, NW Suite 730 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00450965 3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report (Q1) [x] July 15 Quarterly Report (Q2)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 04 01 2020 through 06 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Whitman, Andrew, , ,

Type or Print Name of Treasurer Signature of Treasurer Whitman, Andrew, , , [Electronically Filed] Date 07 15 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>	<input type="text" value="29699.35"/>	<input type="text" value="29699.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28500.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9789.50"/>	<input type="text" value="18148.50"/>
(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="38290.12"/>	<input type="text" value="47847.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4000.00"/>	<input type="text" value="13557.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34290.12"/>	<input type="text" value="34290.12"/>
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

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).....	7490.00	12640.00
(ii) Unitemized	2299.50	5508.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9789.50	18148.50
(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)	9789.50	18148.50
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	9789.50	18148.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9789.50	18148.50

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	0.00	37.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	37.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	520.00
(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	520.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	4000.00	13557.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	13557.73

DETAILED SUMMARY PAGE
of Disbursements

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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)	9789.50	18148.50
34. Total Contribution Refunds (from Line 28(d))	0.00	520.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9789.50	17628.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	37.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	37.73

**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 6 OF 13
<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')

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Deluca, Catherine, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : PR1980198471486
Mailing Address 304 Oconnor St			Amount of Each Receipt this Period 350.00
City Menlo Park	State CA	Zip Code 94025-2663	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Accountant V	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kaye, Mark, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : PR1980199571486
Mailing Address 1830 High Trail			Amount of Each Receipt this Period 140.00
City Atlanta	State GA	Zip Code 30339-8470	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Sr Mgr, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Patzer, Mark, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : PR1980200171486
Mailing Address 424 3rd Lane South			Amount of Each Receipt this Period 175.00
City Kirkland	State WA	Zip Code 98033-6610	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Sr Mgr, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional).....	665.00
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 7 OF 13
<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. Stordahl, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Sr Dir, Reimb/Hlth Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR1980200671486
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Tracy, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 N State Street
 City Monticello State IL Zip Code 61856-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Executive Director, Access to Cancer C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR1980200971486
 Amount of Each Receipt this Period 875.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

C. Whitman, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 Hatherleigh Rd
 City Baltimore State MD Zip Code 21212-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vice President, Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR1980201271486
 Amount of Each Receipt this Period 875.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1925.00
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 13
<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. Hopkins, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 783 Hernage Creek Rd
 City Eagle State CO Zip Code 81631-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir, Global Prod Sls-SBU
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2016511071486
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Kowal, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Varian Medical Systems Occupation (for Individual) VP, Domestic Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2016511171486
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Tran, Vy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 Golden Way
 City Los Altos State CA Zip Code 94024-5056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ - 260.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2021050371486
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	840.00
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 13
<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. Ryberg, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Greenfield Way
 City Pleasanton State CA Zip Code 94566-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Global Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2202644271486
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Khuntia, Deepak, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Vp Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2362779671486
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Toth, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1252 Coolidge Ave
 City San Jose State CA Zip Code 95125-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regional Leader (AMER)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2485129371486
 Amount of Each Receipt this Period 700.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	980.00
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 10 OF 13
<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. Davis, John Jr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35211 St. Joe Road
 City Dade City State FL Zip Code 33525-8162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sales Representative III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2498165371486
 Amount of Each Receipt this Period 1400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. Earwicker, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1614 Towell Lane
 City Escondido State CA Zip Code 92029-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir Strtgc Bus Devel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2498165471486
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Snyder, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Hunters Mill Ln Woodstock
 City Woodstock State GA Zip Code 30188-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr Installations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2498166271486
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1890.00
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 13
	<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	<input type="checkbox"/> 17

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

A. Hennie, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 4th St SW
 A608
 City Washington State DC Zip Code 20024-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Head of Gov Affairs, OSS & Emerg Bus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2622507971486
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Foster, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1833 W Periwinkle Way
 City Chandler State AZ Zip Code 85248-4263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Revenue & Operations Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2622508671486
 Amount of Each Receipt this Period 700.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. McEvoy, Tommy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 Broadview Dr
 City Cincinnati State OH Zip Code 45208-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director of Strategic Software Solutio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2020
Transaction ID : PR2622508871486
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1190.00
TOTAL This Period (last page this line number only).....	7490.00

**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"/> 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')

A. Norma Torres For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 728 W Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement
Contribution: Norma Torres (D-35th CA)

011
Category/
Type

Candidate Name
Torres, Norma, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: CA District: 35

Date of Disbursement
MM / DD / YYYY
06 / 12 / 2020

FEC Identification Number

C C00557652

Transaction ID : 82609012
Amount of Each Disbursement this Period

1000.00

Memo Item Contribution: Norma Torres (D-35th CA)

B. Jimmy Gomez For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 3605 Long Beach Blvd.
Suite 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement
Contribution: Jimmy Gomez (D-34th CA)

011
Category/
Type

Candidate Name
Gomez, Jimmy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: CA District: 34

Date of Disbursement
MM / DD / YYYY
06 / 12 / 2020

FEC Identification Number

C C00629659

Transaction ID : 82609014
Amount of Each Disbursement this Period

1000.00

Memo Item Contribution: Jimmy Gomez (D-34th CA)

C. Citizens For Boyle

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14310

City Philadelphia State PA Zip Code 19115

Purpose of Disbursement
Contribution: Brendan Boyle (D-2nd PA)

011
Category/
Type

Candidate Name
Boyle, Brendan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: PA District: 02

Date of Disbursement
MM / DD / YYYY
06 / 12 / 2020

FEC Identification Number

C C00543363

Transaction ID : 82609015
Amount of Each Disbursement this Period

1000.00

Memo Item Contribution: Brendan Boyle (D-2nd PA)

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

TOTAL 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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')

A. Susie Lee For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 5130 S Fort Apache Rd
Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement
Contribution: Susie Lee (D-3rd NV)

Candidate Name
Lee, Susie, , Rep.,

Office Sought: House Senate President
State: NV District: 03

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number
C C00655613
Transaction ID : 82609016

Amount of Each Disbursement this Period
1000.00

Contribution: Susie Lee (D-3rd NV)

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	4000.00