

**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) ▼

525 9th Street, NW

Suite 450

 Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450965

3. IS THIS
REPORTNEW
(N) ORAMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15
Quarterly Report (Q1)
- July 15
Quarterly Report (Q2)
- October 15
Quarterly Report (Q3)
- January 31
Year-End Report (YE)
- July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- Termination Report
(TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
(Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
(Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

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

D D D

Y Y Y Y Y Y

in the
State of

D D D

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on

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

D D D

Y Y Y Y Y Y

in the
State of

D D D

5. Covering Period

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

01 / 01 / 2013

D D D / Y Y Y Y Y Y

through

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

06 / 30 / 2013

D D D / Y Y Y Y Y Y

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

Type or Print Name of Treasurer Maureen Zilly Tracy

Signature of Treasurer

Maureen Zilly Tracy

[Electronically Filed]

Date

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

07 / 29 / 2013

D D D

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

**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="2013"/>		21897.15
(b) Cash on Hand at Beginning of Reporting Period.....	21897.15	
(c) Total Receipts (from Line 19)	17815.00	17815.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39712.15	39712.15
7. Total Disbursements (from Line 31).....	18000.00	18000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21712.15	21712.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	10685.00	10685.00
(ii) Unitemized	4630.00	4630.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15315.00	15315.00
(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)	15315.00	15315.00
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.....	2500.00	2500.00
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))..... ▶	17815.00	17815.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17815.00	17815.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	18000.00
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)) ..	18000.00	18000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	18000.00

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)	15315.00	15315.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15315.00	15315.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

**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 16
	<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	

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. Hosea Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 202 Douglas Ave #1D
City Charlottesville State VA Zip Code 22902-5776
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 13 / 2013
Transaction ID : 52159483
Amount of Each Receipt this Period 1000.00
contribution by check

B. Keith Askoff
Full Name (Last, First, Middle Initial)
Mailing Address 324 Mercy St. 26th Floor
City Mountain View State CA Zip Code 94041-2204
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Associate General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1833140627655
Amount of Each Receipt this Period 260.00
P/R Deduction (\$20.00 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
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 / 2013
Transaction ID : PR1980198527655
Amount of Each Receipt this Period 650.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 1910.00
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 16
	<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. 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 / 2013
Transaction ID : PR1980199127655

Amount of Each Receipt this Period: 390.00

P/R Deduction (\$30.00 Bi-Weekly)

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

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 ▼ 650.00

Date of Receipt: 06 / 30 / 2013
Transaction ID : PR1980199627655

Amount of Each Receipt this Period: 650.00

P/R Deduction (\$50.00 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 ▼ 1300.00

Date of Receipt: 06 / 30 / 2013
Transaction ID : PR1980199827655

Amount of Each Receipt this Period: 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2340.00
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 16
<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 / 2013
Transaction ID : PR1980200127655

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 / 2013
Transaction ID : PR1980200627655

Amount of Each Receipt this Period: 260.00

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

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

Mailing Address 10954 Stevens Canyon Rd

City Cupertino State CA Zip Code 95014-3944

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

Name of Employer: Varian Medical Systems Occupation: Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2013
Transaction ID : PR1980200827655

Amount of Each Receipt this Period: 1300.00

P/R Deduction (\$100.00 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: PAGE 9 OF 16
(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. 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 Director Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1980200927655
 Amount of Each Receipt this Period 650.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Andrew Whitman
 Full Name (Last, First, Middle Initial)
 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 Varian Medical Systems Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1980201227655
 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 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 ▼ 650.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2016511027655
 Amount of Each Receipt this Period 650.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2925.00
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 16
	<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. 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 **06 / 30 / 2013**

Transaction ID : PR2016511127655

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 **06 / 30 / 2013**

Transaction ID : PR2021049127655

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 **06 / 30 / 2013**

Transaction ID : PR2021049327655

Amount of Each Receipt this Period **520.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
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 11 OF 16
(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 / 2013**

Transaction ID : PR2021049727655

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 / 2013**

Transaction ID : PR2021050327655

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

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

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	10685.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 12 OF 16
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Matheson For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 521048
 City State Zip Code
 Salt Lake City UT 84152
 FEC ID number of contributing federal political committee. **C** C00344721
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : 52366412
 Amount of Each Receipt this Period
 2500.00
 refunded 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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2013

Mailing Address 607 14th Street NW
Suite 800

Transaction ID : 52159636

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution: New Democrat Coalition

011
Category/ Type

Contribution: New Democrat Coalition

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. HellerHighWater PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2013

Mailing Address P.O. Box 370672

Transaction ID : 52159637

City Las Vegas State NV Zip Code 89137

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution: HellerHighWater PAC

011
Category/ Type

Contribution: HellerHighWater PAC

Candidate Name

HellerHighWater PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2013

Mailing Address PO Box 12667

Transaction ID : 52159658

City Bakersfield State CA Zip Code 93389

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution: Kevin McCarthy (R-23rd CA)

011
Category/ Type

Contribution: Kevin McCarthy (R-23rd CA)

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

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

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

10000.00

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**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. Re-Elect Tim Griffin For Congress Committee

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Contribution: Tim Griffin (R-2nd AR)

011

Candidate Name
Rep. Tim Griffin

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : 52159726

Amount of Each Disbursement this Period

1000.00

Contribution: Tim Griffin (R-2nd AR)

Full Name (Last, First, Middle Initial)

B. Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contribution: Jack Kingston (R-1st GA)

011

Candidate Name
Rep. Jack Kingston

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : 52159897

Amount of Each Disbursement this Period

500.00

Contribution: Jack Kingston (R-1st GA)

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution: Ron Wyden (D-OR)

011

Candidate Name
Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013

Transaction ID : 52159898

Amount of Each Disbursement this Period

2500.00

Contribution: Ron Wyden (D-OR)

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

4000.00

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. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution: Ron Wyden (D-OR)

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	3

Transaction ID : 52159899

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Contribution: Ron Wyden (D-OR)

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

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

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 52159900

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Contribution: Tom Reed (R-23rd NY)

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 542 E Lakeview Way

City Farmington State UT Zip Code 84025

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

011

Candidate Name

Chris Stewart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 52159901

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Contribution: Chris Stewart (R-2nd UT)

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

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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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 Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution: Sherrod Brown (D-OH)

011

Category/
Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

Transaction ID : 52159902

Amount of Each Disbursement this Period

1000.00

Contribution: Sherrod Brown (D-OH)

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

18000.00
