

**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.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

3. IS THIS REPORT NEW (N) **OR** AMENDED (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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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								
-----------------	--	--	--	--	--	--	--	--

**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="2014"/>		10406.15
(b) Cash on Hand at Beginning of Reporting Period.....	12429.15	
(c) Total Receipts (from Line 19)	1192.00	38715.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13621.15	49121.15
7. Total Disbursements (from Line 31).....	5000.00	40500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8621.15	8621.15
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	845.00	29080.00
(ii) Unitemized	347.00	9635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1192.00	38715.00
(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)	1192.00	38715.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	1192.00	38715.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1192.00	38715.00

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.....	5000.00	40500.00
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)) ..	5000.00	40500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	40500.00

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)	1192.00	38715.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1192.00	38715.00
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 14
	<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. 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 ▼ **400.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR1833140636426

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 304 Oconnor St

City Menlo Park State CA Zip Code 94025-2663

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

Name of Employer Varian Medical Systems Occupation Manager, Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR1980198436426

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 5250 S Rainbow Bl #1145

City Las Vegas State NV Zip Code 89118-0630

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

Name of Employer Varian Medical Systems Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR1980198536426

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 7 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (Last, First, Middle Initial)
A. Anna Emmons

Mailing Address 24 Aliso Wy

City State Zip Code
 Menlo Park CA 94028-7527

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

Name of Employer Occupation
 Varian Medical Systems VMS/VP Division HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR1980198736426

Amount of Each Receipt this Period
 10.00

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

Full Name (Last, First, Middle Initial)
B. Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
 Las Vegas NV 89109-0445

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

Name of Employer Occupation
 Varian Medical Systems Director, Worldwide Training and Educa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR1980199136426

Amount of Each Receipt this Period
 30.00

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

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

Mailing Address 345 E 69th Street, PH E

City State Zip Code
 New York NY 10021-5595

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

Name of Employer Occupation
 Varian Medical Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR1980199636426

Amount of Each Receipt this Period
 10.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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 14
	<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. David Nisius
Full Name (Last, First, Middle Initial)

Mailing Address 315 Stafford Rd

City Des Plaines State IL Zip Code 60016-2109

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

Name of Employer: Varian Medical Systems Occupation: Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR1980199836426

Amount of Each Receipt this Period: **50.00**

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

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

Mailing Address 424 3rd Ln S

City Kirkland State WA Zip Code 98033-6610

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

Name of Employer: Varian Medical Systems Occupation: Sales Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR1980200136426

Amount of Each Receipt this Period: **25.00**

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

c. 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 ▼ **400.00**

Date of Receipt: 10 / 15 / 2014
Transaction ID : PR1980200636426

Amount of Each Receipt this Period: **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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 14
	<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. Tracy Ting
Full Name (Last, First, Middle Initial)
Mailing Address 10954 Stevens Canyon Rd
City State Zip Code
Cupertino CA 95014-3944
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Varian Medical Systems Sr Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1450.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR1980200836426
Amount of Each Receipt this Period
0.00
P/R Deduction (\$0.00 Bi-Weekly)

B. Maureen Tracy
Full Name (Last, First, Middle Initial)
Mailing Address 520 N Charter Street
City State Zip Code
Monticello IL 61856-1170
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Varian Medical Systems Director Federal Affairs
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR1980200936426
Amount of Each Receipt this Period
50.00
P/R Deduction (\$50.00 Bi-Weekly)

C. 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 VMS/Dir Research Science
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
700.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR1980201036426
Amount of Each Receipt this Period
10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	60.00
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 14
	<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')

Full Name (Last, First, Middle Initial) A. Andrew Whitman		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1980201236426
Mailing Address 704 Hatherleigh Rd		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Jon Hopkins		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2016511036426
Mailing Address 1314 Featherwood Drive		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. John Kowal		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2016511136426
Mailing Address 1905 Big Bend Cove		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ **400.00**

Date of Receipt: **10 / 15 / 2014**

Transaction ID : PR2021049136426

Amount of Each Receipt this Period: **20.00**

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

B. 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 ▼ **800.00**

Date of Receipt: **10 / 15 / 2014**

Transaction ID : PR2021049336426

Amount of Each Receipt this Period: **40.00**

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

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

Mailing Address 5192 Independence Drive

City Pleasanton State CA Zip Code 94566-7803

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **10 / 15 / 2014**

Transaction ID : PR2021049736426

Amount of Each Receipt this Period: **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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 12 OF 14
	(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. Vy Tran
Full Name (Last, First, Middle Initial)
Mailing Address 367 Santana Heights no 5038

City San Jose	State CA	Zip Code 95128-2096
------------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation VP, Regulatory Affairs
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2021050336426

Amount of Each Receipt this Period

120.00

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

B. Carl LaCasce
Full Name (Last, First, Middle Initial)
Mailing Address 5074 Red Fox Court

City Park City	State UT	Zip Code 84098-7568
-------------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation VP General Mgr
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR20202643936426

Amount of Each Receipt this Period

50.00

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

C. Michael Ryberg
Full Name (Last, First, Middle Initial)
Mailing Address 53 Essex Lane

City Irvine	State CA	Zip Code 92620-0241
----------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation VP Global Supply Chain
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR20202644236426

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14
	<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. James Suffoletta
Full Name (Last, First, Middle Initial)
Mailing Address 604 Indian Home Rd.
City Danville State CA Zip Code 94526-4365
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Director Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2202644336426
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Edward Vertatschitsch
Full Name (Last, First, Middle Initial)
Mailing Address 250 Oakview Drive
City San Carlos State CA Zip Code 94070-4537
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Sr Dir General Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2202644436426
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Aimee Bennett
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 15768
City Washington State DC Zip Code 20003-0768
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Director, Intl Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2261512536426
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	845.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
Contribution: Steve Scalise (R-1st LA)

011

Candidate Name

Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 62415882

Amount of Each Disbursement this Period

2500.00

Contribution: Steve Scalise (R-1st LA)

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution: Anna Eshoo (D-18th CA)

011

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 62416025

Amount of Each Disbursement this Period

2500.00

Contribution: Anna Eshoo (D-18th CA)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

5000.00

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

5000.00