

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Varian Medical Systems PAC

ADDRESS (number and street) 1212 S Victory Blvd
 Check if different than previously reported. (ACC)
 Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00450965
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 Quarterly 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 _____ in the State of _____
 (d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on 11 02 2010 in the State of CA

5. Covering Period 10 01 2010 through 11 22 2010

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 Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 11 22 2010

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

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3635.81
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2625.79									
(c) Total Receipts (from Line 19)	4142.00	16065.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6767.79	19701.23								
7. Total Disbursements (from Line 31)	5000.00	17933.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1767.79	1767.79								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
 Varian Medical Systems PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	3790.00	13270.00
(ii) Unitemized	352.00	2692.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4142.00	15962.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4142.00	16062.00
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	3.42
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 Transfer (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))	4142.00	16065.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4142.00	16065.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	933.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	933.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	17000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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	17933.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	17933.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	4142.00	16062.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4142.00	16062.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	933.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	930.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11ai00000000762327

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11ai00000000768489

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11ai00000000772948

Amount of Each Receipt this Period
20.00

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: PAGE 7 / 16
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer Occupation
Varian Medical Systems Inc Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11ai00000000775851

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Tai-Yun Chen

Mailing Address 10329 McKlinton Ln

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11ai00000000768509

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 5250 S Rainbow Bl #1145

City State Zip Code
Las Vegas NV 89118

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

Name of Employer Occupation
Varian Medical Systems Inc General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11ai00000000762330

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 1070.00

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 / 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	

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 PAC

A. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 10 / 21 / 2010
Transaction ID: SA11ai00000000768491
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

B. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 11 / 04 / 2010
Transaction ID: SA11ai00000000772950
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

C. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11ai00000000775853
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 9 / 16
	<input checked="" 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 PAC

A.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000762333
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Worldwide Training and Education Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000768494
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Worldwide Training and Education Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000772953
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Worldwide Training and Education Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 16
(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 PAC

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

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

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

Name of Employer Occupation
Worldwide Training and Education Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11ai00000000775856

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
John W Kuo

Mailing Address 12664 Wardell Ct

City State Zip Code
Saratoga CA 95070

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

Name of Employer Occupation
Varian Medical Systems Corporate VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: SA11ai00000000776078

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey N Marcus

Mailing Address 295 Gloria Circle

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
Jeffrey N Marcus Actor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11ai00000000771608

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 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 PAC

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

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11ai00000000762339

Amount of Each Receipt this Period
 100.00

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

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11ai00000000768498

Amount of Each Receipt this Period
 100.00

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

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11ai00000000772957

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 / 16
(check only one)

<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 PAC

A.

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

Mailing Address 315 Statford Rd

City State Zip Code
Des Plaines IL 60016

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

Name of Employer Occupation
Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11ai00000000775860

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11ai00000000762343

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11ai00000000768502

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 13 / 16
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11ai00000000772960

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11ai00000000775863

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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

Name of Employer Varian Medical Systems Inc Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11ai00000000762345

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **205.00**

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 14 / 16
(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 PAC

A.

Full Name (Last, First, Middle Initial)
 Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
 Baltimore MD 21212

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

Name of Employer: Varian Medical Systems Inc Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11ai00000000768506
 Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
 Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
 Baltimore MD 21212

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

Name of Employer: Varian Medical Systems Inc Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: SA11ai00000000772962
 Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
 Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
 Baltimore MD 21212

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

Name of Employer: Varian Medical Systems Inc Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11ai00000000775865
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	3790.00

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)

PAGE 15 / 16

<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 PAC

A. Full Name (Last, First, Middle Initial) Anna Eschoo For Congress <hr/> Mailing Address 555 Capitol Mall #1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Political contribution Candidate Name Anna Eschoo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000773149 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Dina Titus For Congress <hr/> Mailing Address PO Box 50614 <hr/> City Henderson State NV Zip Code 89016 <hr/> Purpose of Disbursement Political contributions Candidate Name Dina Titus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000767315 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Reid Victory Fund <hr/> Mailing Address 426 C St NE Rear Bldg <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Political contribution Candidate Name Reid Victory Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000767316 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011

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)

PAGE 16 / 16

<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 PAC

A.

Full Name (Last, First, Middle Initial)
The Richard Burr Committee Inc

Transaction ID: SB23000000000768736

Date of Disbursement

Mailing Address 2150 Country Club Rd #150

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

City Winston-Salem State NC Zip Code 27104

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political contribution

011
Category/ Type

Candidate Name
Richard Burr

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

5000.00
