Image# 12951240144					PAGE 1 / 7
	PORT OF IND DISBURS	SEMENT	S		Office Use Only
	E OR PRINT V	Example: If typi	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.	Ľ		
Varian Medical Systems,	Inc. PAC ('Varian F	PAC')			
ADDRESS (number and street)	25 9th Street, NW				
Check if different	uite 450				
Alexan and statistics	Vashington			DC	20004
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00450965	3. IS RE	~ /	NEW N) <b>OR</b>	AME (A)	NDED
<ul> <li>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15</li> </ul>	Report Due On: X Mar 2	0 (M3)		Aug 20 Sep 20 Oct 20 General (12 Special (12	0 (M9)       0 (Non-Election Year Only)         0 (M9)       0 Dec 20 (M12) (Non-Election Year Only)         0 (M10)       0 Jan 31 (YE)         2G)       Runoff (12R)
Quarterly Report (Q3) January 31	Election	on/		YYYYY	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (300	G)	Runoff (30F	
Termination Report (TER)	Election	on/		Y Y Y Y Y	in the State of
5. Covering Period 02	01 / Y Y Y Y 01 2012	through	M M 02	/ D D / 29	2012
I certify that I have examined this Re		ny knowledge and	belief it is true	e, correct and o	complete.
Type or Print Name of Treasurer	laureen Zilly Tracy			M M	/ D D / Y Y Y Y
Signature of Treasurer Maureen Z	illy Tracy	[Electronicall	y Filed] Da		19 2012
NOTE: Submission of false, erroneous,	or incomplete information	may subject the per	son signing this	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

## 03/19/2012 12 : 19

# FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type	Committee Name

`	Varian Medical Systems, Inc. PAC (	('Varian PAC')	
F	Report Covering the Period: From: 02	M / D D / Y Y Y Y 01 2012	To: 02 29 / Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		6940.15
	(b) Cash on Hand at Beginning of Reporting Period	8622.15	
	(c) Total Receipts (from Line 19)	1682.00	3364.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	10304.15	10304.15
7.	Total Disbursements (from Line 31)	1000.00	1000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9304.15	9304.15
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

X

	DE FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page <b>3</b>
Wr	ite or Type Committee Name		r aye <b>J</b>
	arian Medical Systems, Inc. PAC ('V	/arian PAC')	
		/ D D / Y Y Y Y	M M / D D / Y Y Y Y
Re	port Covering the Period: From: 02	01 2012 To:	02 29 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)	650.00	900.00
	(ii) Unitemized	1032.00	2464.00
	(iii) TOTAL (add	1682.00	3364.00
	Lines 11(a)(i) and (ii)	1682.00	3304.00
	(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	1682.00	3364.00
10	Totals to Line 33, page 5)► Transfers From Affiliated/Other	7 7 7 7	7 7 7
	Party Committees	0.00	0.00
			7 7
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures	1	7
	(Refunds, Rebates, etc.)	0.00	
	(Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees	0.00	0.00
	Other Federal Receipts		7 7
	(Dividends, Interest, etc.)	0.00	0.00
-	Transfers from Non-Federal and Levin Funds	7	7 7
	(a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
		0.00	0.00
	(b) Levin Funds (from Schedule H5)	7 7 7	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		7 7	7 7 7
	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	1682.00	3364.00
20	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	1682.00	3364.00
			7 7 7

Image# 12951240146

### 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
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
Independent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.0
Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	1000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	1000.00	1000.00
	7 7	

I

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1682.00	3364.00	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1682.00	3364.00	
<ul> <li>Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	0.00	0.00	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. 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

7

		Detailed Summary Page		11a		11b	11c	12	<u> </u>			
Any information copied from such Reports and												
or for commercial purposes, other than using the	he name and a	ddress of any political committe	e to sol	icit coi	ntrib	utions	from suc	n committ	ee.			
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. I	PAC ('Varia	an PAC')										
Full Name (Last, First, Middle Initial) David Nisius				Date of	f Re	ceipt						
Mailing Address 315 Statford Rd				м м 02	/	29		у у 2012	Y			
City	State	Zip Code		Trans	acti	ion ID :	PR1980	19982367				
Des Plaines	IL	60016	A	mount	t of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					,	7	200	.00			
Name of Employer	Occupation											
Varian Medical Systems	Engineer M	anager										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/	R Ded	uctio	on (\$10	0.00 Bi-V	/eekly)				
Full Name (Last, First, Middle Initial) 3. Tracy Ting		/) // // // // // // // // // // // // /		Date of	f Re	ceipt						
Mailing Address 10954 Stevens Canyon Rd				м м 02	_	29		ү ү 2012	Y			
City	State	Zip Code			acti			20082367	1			
Cupertino	CA	95014-3944						is Period				
FEC ID number of contributing federal political committee.	С					,	7	200	.00			
Name of Employer Varian Medical Systems	Occupation Sr Director											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/I	R Ded	uctio	on (\$10	0.00 Bi-W	/eekly)				
Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt						
Mailing Address 704 Hatherleigh Rd				м м 02	/	D 29		ү ү 2012	Y			
City	State	Zip Code						20122367	1			
Baltimore	MD	21212	A	mount	t of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					7	3	250	.00			
Name of Employer	Occupation											
Varian Medical Systems	Vice Presid	ent										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary   General     Other (specify)		500.00	P/	R Ded	luctio	on (\$12	25.00 Bi-V	Veekly)				
SUBTOTAL of Receipts This Page (optional)								650	.00			
TOTAL This Period (last page this line numbe							,	650	00			

SCHEDULE B (FEC Form 3X)			NUMBER:		P	AGE	7 OF	7		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	y one)							
	Detailed Summary Page	21b 27	22 28a	X 23 28b	24		25 29	26 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar		d by any per	son for the	purpose (	of soliciti	ng con	Itributior	าร		
Varian Medical Systems, Inc. PAC	('Varian PAC')									
Full Name (Last, First, Middle Initial)	Detr	Dichum								
A. Dave Camp For Congress			Date of	Disburse	_	y v	Y V			
Mailing Address 5915 Eastman Avenue Suite 100			02 17 2012							
City Midland	State Zip Code MI 48640		Trans	action ID	: 44425	720				
Purpose of Disbursement	40040		-							
Contribution: Dave Camp (R-4th MI)		011	Amount	of Each	Disburse	ement	this Per	iod		
Candidate Name Rep. David Lee Camp		Category/ Type					1000.00	)		
· · ·	ment For: 2012 Primary General Other (specify)	75-	Contribu	ution: Dav	ve Camp	(R-4th	MI)			
State: MI District: 04	•••									
Full Name (Last, First, Middle Initial)			Date of	Disburse	ement					
				/ D		Y Y	Y Y	1		
Mailing Address										
City	City State Zip Code									
Purpose of Disbursement										
Candidate Name		Category/ Type	Amount of Each Disbursement this				this Per	nod		
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)			Date of	Disburse		YV	YY			
Mailing Address			] [	L						
City	State Zip Code									
Purpose of Disbursement	-									
Candidate Name	Category/ Type	Amount of Each Disbursement this Period								
Senate       President	ment For: Primary General Other (specify) ▼									
State: District:										
SUBTOTAL of Disbursements This Page (optional).		····· ►		-	7		1000.00	)		
TOTAL This Period (last page this line number only	)	••••••					1000.00	)		