Image# 12950520260					PAGE 1 / 6
	PORT OF F D DISBURS Other Than An Author	SEMENT	s		Office Use Only
1. NAME OF TYP	E OR PRINT V	Example: If typi	ng, type	L2FE4M5	
COMMITTEE (in full)		over the lines.		LZFE4M5	
Varian Medical Systems, I	nc. PAC ('Varian P	AC')			
ADDRESS (number and street)	25 9th Street, NW				
▼ Si	uite 450				
Check if different than previously reported. (ACC)	Vashington			DC	20004
2. FEC IDENTIFICATION NUMB	ER V CITY		ST	TATE 🔺	ZIP CODE
C C00450965	3. IS ⁻ RE		NEW N) OR	AME (A)	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the:) (M3)		Aug 20 Sep 20 Oct 20 General (12 Special (12	0 (M9) 0 (Non-Election Year Only) 0 (M9) 0 (M12) (Non-Election Year Only) 0 (M10) 0 Jan 31 (YE) 2G) Runoff (12R)
January 31 Year-End Report (YE)	Election				State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30F	R) Special (30S)
Termination Report (TER)	Election	on /	D D / Y	Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2012	through	M M 01	/ D D / 31	Y Y Y Y 2012
I certify that I have examined this Re	-	y knowledge and I	belief it is true	, correct and o	complete.
Type or Print Name of Treasurer M	laureen Zilly Tracy				
Signature of Treasurer	illy Tracy	[Electronicall	y Filed] Dat	te 02	/ D D / Y Y Y Y 17 2012
NOTE: Submission of false, erroneous,	or incomplete information	nay subject the per-	son signing this	Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

02/17/2012 14 : 12

FE6AN026

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
١	/arian Medical Systems, Inc. PA	C ('Varian PAC')	
R	eport Covering the Period: From:	01 / 01 / Y Y Y Y Y 01 2012 To	o: 01 / 01 / 0 - 0 / 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
		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	6940.15	
	(c) Total Receipts (from Line 19)	1682.00	1682.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	8622.15	8622.15
′ .	Total Disbursements (from Line 31)	0.00	0.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8622.15	8622.15
	Debts and Obligations Owed TO 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:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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the Committee (Itemize all on

Schedule C and/or Schedule D)

Γ	- FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
1/1	/rite or Type Committee Name		raye J
	/arian Medical Systems, Inc. PAC ('V	(arian PAC')	
_	Varian Medical Systems, Inc. FAC (V	anan FAC)	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2012 To:	01 / D D / Y Y Y Y 2012
	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	250.00	250.00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	1432.00	1432.00
	(iii) TOTAL (add	7 7 7 1452.00	7 7 7
	Lines 11(a)(i) and (ii)	1682.00	1682.00
	(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	1682.00
10	Totals to Line 33, page 5)▶	1082.00	7 7 7
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	7 7 0.00	7 7 7
13.	All Loans Received	0.00	0.00
	L	7 7	7 7
14	Loan Repayments Received	0.00	0.00
	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
		7 7 7 0.00	0.00
	(b) Louin Funda (from Cohodula LIF)	0.00	0.00
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
10	Total Bossints (add Linos 11/d)		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	1682.00	1682.00
	· ∠, ·o, ··, ·o, ·o, ·/, and ·o(o))	1002.00	1002.00
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	1682.00	1682.00

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	COLUMN A	
II. Disbursements	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)) I Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.0
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	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
	0.00	0.0
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.0
Other Disbursements		0.0
Other Disbursements	0.00	
Federal Election Activity (2 U.S.C. §431(20 (a) Allocated Federal Election Activity)))	
(from Schedule H6)	0.00	0.0
(i) Federal Share		
(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))	0.00	0.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00
, ,	7 7	

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	1682.00	1682.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1682.00	1682.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

6

City State Zip Code Baltimore MD 21212 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer Occupation Vice President Varian Medical Systems Vice President P/R Deduction (\$125.00 Bi-Weel Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this F FEC ID number of contributing federal political committee. C Amount of Each Receipt Mailing Address C Amount of Each Receipt City State Zip Code FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Name of Employer Occupation Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Thimary General Date of Receipt Date of Receipt This F Full Name (Last, First, Middle Initial) Date of Receipt C. Date of Receipt	012 223597 2eriod 250.00
Varian Medical Systems, Inc. PAC ('Varian PAC') Full Name (Last, First, Middle Initial) A. Andrew Whitman Mailing Address 704 Hatherleigh Rd City State Zip Code Battimore MD 21212 FEC ID number of contributing federal political committee. C Amount of Each Receipt His F Varian Medical Systems Vice President P/R Deduction (\$125.00 Bi-Weel Varian Medical Systems Vice President P/R Deduction (\$125.00 Bi-Weel Primary General Qit of C Qit of C Other (specify) ▼ 250.00 Aggregate Year-to-Date ▼ P/R Deduction (\$125.00 Bi-Weel FEC ID number of contributing federal political committee. C Amount of Each Receipt His F Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Amount of Each Receipt His F Name of Employer Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt His F Primary General C Aggregate Year-to-Date ▼ Date of Receipt His F Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt	012 223597 2eriod 250.00
A. Andrew Whitman Date of Receipt Mailing Address 704 Hatherleigh Rd Image: Control of Control Discontrol Discontrophanes (Discontrol Discontrol Discontrol Discontrol Discontrol D	012 223597 2eriod 250.00
City State Zip Code Baltimore MD 21212 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer Occupation Vice President Varian Medical Systems Vice President P/R Deduction (\$125.00 Bi-Weel Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this F City State Zip Code Amount of Each Receipt this F FEC ID number of contributing federal political committee. Date of Receipt Amount of Each Receipt this F City State Zip Code Amount of Each Receipt this F FEC ID number of contributing federal political committee. Occupation Amount of Each Receipt this F Name of Employer Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt this F Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City Transaction (black first, Middle Initial) Date of Receipt Date of Receipt City State Differ (specify) ▼ Date of Receipt Date of Receipt	012 223597 2eriod 250.00
Baltimore MD 21212 Baltimore MD 21212 Amount of Each Receipt this F FEC ID number of contributing federal political committee. C Name of Employer Occupation Vice President Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: C Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt C. Date of Receipt	Period 250.00 kly)
federal political committee. Name of Employer Varian Medical Systems President Receipt For: Primary General Other (specify) ▼ Pill Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Date of Receipt for: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt for: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt for: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt for: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt	dy)
Varian Medical Systems Vice President Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City City State Zip Code FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary □ General Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Compatibility of the second	
B. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this F Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt	- Y - Y
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Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C.	
C. Date of Receipt	
Mailing Address	YYY
City State Zip Code Amount of Each Receipt this F	Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Image: Content of the second of the s	
SUBTOTAL of Receipts This Page (optional)	250.00 250.00