

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 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00450965
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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 01 / 31 / 2013

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

Table with columns for Office Use Only and 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="2012"/>	<input type="text" value="6940.15"/>	<input type="text" value="6940.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19331.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5066.00"/>	<input type="text" value="37957.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24397.15"/>	<input type="text" value="44897.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="23000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21897.15"/>	<input type="text" value="21897.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	4275.00	29110.00
(ii) Unitemized	791.00	8847.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5066.00	37957.00
(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)	5066.00	37957.00
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))..... ▶	5066.00	37957.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5066.00	37957.00

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.....	2500.00	23000.00
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)) ..	2500.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	23000.00

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)	5066.00	37957.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5066.00	37957.00
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 19
	<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. Wendy Scott
Full Name (Last, First, Middle Initial)

Mailing Address 340 Hacienda Way

City Los Altos State CA Zip Code 94022-2113

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

Name of Employer Varian Medical Systems Occupation Corporate Senior VP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012

Transaction ID : 49437502

Amount of Each Receipt this Period
 1500.00

B. Keith Askoff
Full Name (Last, First, Middle Initial)

Mailing Address 324 Mercy St.
26th Floor

City Mountain View State CA Zip Code 94041

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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : PR1833140626345

Amount of Each Receipt this Period
 60.00

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

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

Mailing Address 5025 Brent Knoll Ln

City Suwanee State GA Zip Code 30024

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : PR1980198126345

Amount of Each Receipt this Period
 30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1590.00
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 19
	(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

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

Full Name (Last, First, Middle Initial) A. Douglas Carlisle		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 11714 Littler Rd		Transaction ID : PR1980198226345
City Sandy	State UT	Zip Code 84092-5762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation Sr Manager	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Gayle Cichocki		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 386 Chadwick Cir		Transaction ID : PR1980198326345
City Henderson	State NV	Zip Code 89014-4523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation National Tech Supply Specialst	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Catherine Deluca		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 304 Oconnor St		Transaction ID : PR1980198426345
City Menlo Park	State CA	Zip Code 94025-2663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation Manager, Accounting	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 19
<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. Robert Drubka
Full Name (Last, First, Middle Initial)

Mailing Address 5250 S Rainbow Bl #1145

City Las Vegas	State NV	Zip Code 89118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation General Manager
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980198526345

Amount of Each Receipt this Period
150.00

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

B. Anna Emmons
Full Name (Last, First, Middle Initial)

Mailing Address 24 Aliso Wy

City Menlo Park	State CA	Zip Code 94028
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation Human Resources
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980198726345

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 11760 NW 27th St

City Plantation	State FL	Zip Code 33323
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation Customer Support Manager
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980198826345

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 19
<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. Robert Gemperline
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chestnut Ct
 City Algonquin State IL Zip Code 60102-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation SW Engineer IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1980199026345
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Jon Hollon
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 Karen Av #3006
 City Las Vegas State NV Zip Code 89106
 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 ▼ 1180.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1980199126345
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. David Hurlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 Ashburton Way
 City Mount Pleasant State SC Zip Code 29466-6877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Manager, Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1980199226345
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

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 OF 19
	(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

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

Full Name (Last, First, Middle Initial) A. Theodore Jackson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 2142 Oak Forest Dr		Transaction ID : PR1980199326345
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation Manager	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Stacy June		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 174 Mosby Woods Dr		Transaction ID : PR1980199426345
City Newnan	State GA	Zip Code 30265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation Manager II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Mark Kaye		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1830 High Trail		Transaction ID : PR1980199526345
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Varian Medical Systems	Occupation Director	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 19
	<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')

Full Name (Last, First, Middle Initial) A. Ching Clifton Ling			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 345 E 69th Street, PH E			Transaction ID : PR1980199626345
City New York	State NY	Zip Code 10021-5595	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer Varian Medical Systems	Occupation Director	Aggregate Year-to-Date 1800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Stanley Mansfield			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1137 S Bernardo Ave			Transaction ID : PR1980199726345
City Sunnyvale	State CA	Zip Code 94087-2057	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Varian Medical Systems	Occupation Sr Manager, Research Science	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. David Nisius			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 315 Statford Rd			Transaction ID : PR1980199826345
City Des Plaines	State IL	Zip Code 60016	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)	
Name of Employer Varian Medical Systems	Occupation Engineer Manager	Aggregate Year-to-Date 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 12 OF 19
	<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')

Full Name (Last, First, Middle Initial)
A. Mary O'Byrne

Mailing Address 290 Live Oak Ln

City Los Altos State CA Zip Code 94022-2175

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

Name of Employer: Varian Medical Systems Occupation: VP, Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2012**

Transaction ID : PR1980199926345

Amount of Each Receipt this Period: **30.00**

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

Full Name (Last, First, Middle Initial)
B. Alan Palter

Mailing Address 2035 Queens Lane

City San Mateo State CA Zip Code 94402-3930

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

Name of Employer: Varian Medical Systems Occupation: Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 31 / 2012**

Transaction ID : PR1980200026345

Amount of Each Receipt this Period: **30.00**

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

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

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 ▼ **410.00**

Date of Receipt: **12 / 31 / 2012**

Transaction ID : PR1980200126345

Amount of Each Receipt this Period: **75.00**

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

SUBTOTAL of Receipts This Page (optional)..... **135.00**

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 19
	<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. Michael Petrillo
Full Name (Last, First, Middle Initial)

Mailing Address 7910 Boothill Drive

City	State	Zip Code
Park City	UT	84098

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

Name of Employer	Occupation
Varian Medical Systems	Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980200226345

Amount of Each Receipt this Period

30.00

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

B. Jeff Shue
Full Name (Last, First, Middle Initial)

Mailing Address 2721 NW 78th St

City	State	Zip Code
Topeka	KS	66618

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

Name of Employer	Occupation
Varian Medical Systems	Product Spt Engineer IV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980200526345

Amount of Each Receipt this Period

30.00

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

c. Stacy Stordahl
Full Name (Last, First, Middle Initial)

Mailing Address 2611 Ross Rd

City	State	Zip Code
Chevy Chase	MD	20815-3834

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

Name of Employer	Occupation
Varian Medical Systems	Director Policy & Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980200626345

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 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 14 OF 19
	(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

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

Full Name (Last, First, Middle Initial)
A. Andrea Tabert

Mailing Address 2330 University Ave #200

City State Zip Code
East Palo Alto CA 94303-1698

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

Name of Employer Occupation
Varian Medical Systems SW QA Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980200726345

Amount of Each Receipt this Period
30.00

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

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

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 ▼
2510.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980200826345

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 520 N Charter Street

City State Zip Code
Monticello IL 61856

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 ▼
1300.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980200926345

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 480.00

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 15 OF 19
	<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. 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 Director, Research Science

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980201026345

Amount of Each Receipt this Period
30.00

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

B. Andrew Whitman
Full Name (Last, First, Middle Initial)

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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

Name of Employer Occupation
Varian Medical Systems Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980201226345

Amount of Each Receipt this Period
375.00

P/R Deduction (\$125.00 Bi-Weekly)

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

Mailing Address 56 Centennial Way

City State Zip Code
San Ramon CA 94583-2615

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

Name of Employer Occupation
Varian Medical Systems VP, Ops Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR1980201426345

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00

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 16 OF 19
	<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. Tammy Wotring
Full Name (Last, First, Middle Initial)
Mailing Address 115 Carrisk Court

City Tyrone	State GA	Zip Code 30290
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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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980201526345

Amount of Each Receipt this Period
60.00

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

B. Julie Yuan
Full Name (Last, First, Middle Initial)
Mailing Address 816 Killarney Ct

City Sunnyvale	State CA	Zip Code 94087-4864
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation Controller V
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980201626345

Amount of Each Receipt this Period
30.00

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

C. Corey Zankowski
Full Name (Last, First, Middle Initial)
Mailing Address 1641 Kirk Ct

City San Jose	State CA	Zip Code 95124-4800
------------------	-------------	------------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR1980201726345

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 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 17 OF 19
	<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. George Zentai
Full Name (Last, First, Middle Initial)

Mailing Address 1054 Blackfield Way

City Mountain View State CA Zip Code 94040

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

Name of Employer Varian Medical Systems Occupation Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 31 / 2012
Transaction ID : PR1980201826345

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 1314 Featherwood Drive

City Murphy State TX Zip Code 75094

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 ▼ 500.00

Date of Receipt
 12 / 31 / 2012
Transaction ID : PR2016511026345

Amount of Each Receipt this Period 150.00

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

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

Mailing Address 1905 Big Bend Cove

City Southlake State TX Zip Code 76092

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 ▼ 250.00

Date of Receipt
 12 / 31 / 2012
Transaction ID : PR2016511126345

Amount of Each Receipt this Period 75.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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 18 OF 19
(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
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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Richard Colbeth
Full Name (Last, First, Middle Initial)

Mailing Address 1243 Richardson Ave

City Los Altos	State CA	Zip Code 94024
-------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR2021049326345

Amount of Each Receipt this Period
120.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	4275.00

**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. Matheson For Congress

Mailing Address P O Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Contribution: James Matheson (D-2nd UT)

Candidate Name
Rep. James D. Matheson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : 49437504

Amount of Each Disbursement this Period

2500.00

Contribution: James Matheson (D-2nd UT)

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00
