

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 (12G)
 Election on 11 07 2006 in the State of CA
 (d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 10 22 2008

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							
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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	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>16675.00</td></tr></table>	16675.00										
16675.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>3525.00</td></tr></table>	3525.00	<table border="1" style="width: 100%;"><tr><td>24200.00</td></tr></table>	24200.00								
3525.00												
24200.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>20200.00</td></tr></table>	20200.00	<table border="1" style="width: 100%;"><tr><td>24200.00</td></tr></table>	24200.00								
20200.00												
24200.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>10696.81</td></tr></table>	10696.81	<table border="1" style="width: 100%;"><tr><td>14696.81</td></tr></table>	14696.81								
10696.81												
14696.81												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>9503.19</td></tr></table>	9503.19	<table border="1" style="width: 100%;"><tr><td>9503.19</td></tr></table>	9503.19								
9503.19												
9503.19												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name
 Varian Medical Systems 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	3375.00	22875.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	150.00	1325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3525.00	24200.00
(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)	3525.00	24200.00
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	.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 Committees00	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))	3525.00	24200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3525.00	24200.00

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) 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.....	696.81	696.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	696.81	696.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10000.00	14000.00
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))..	10696.81	14696.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10696.81	14696.81

DETAILED SUMMARY PAGE
of Disbursements

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)	3525.00	24200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3525.00	24200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	696.81	696.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	696.81	696.81

**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 / 12
	<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 Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8
Transaction ID: SA11ai00000000595336
 Amount of Each Receipt this Period
 125.00

B. Full Name (Last, First, Middle Initial)
 Tai-Yun Chen
 Mailing Address 10329 McKlintock 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
 M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: SA11ai00000000594112
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Jessica Denecour
 Mailing Address 222 Ferndale Wy
 City State Zip Code
Redwood City CA 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8
Transaction ID: SA11ai00000000595337
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 7 / 12
	<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 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 / 09 / 2008
Transaction ID: SA11ai00000000595339
 Amount of Each Receipt this Period 125.00
 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 375.00

B. Full Name (Last, First, Middle Initial)
 John W Kuo
 Mailing Address 12664 Wardell Ct
 City Saratoga State CA Zip Code 95070
 Date of Receipt 10 / 01 / 2008
Transaction ID: SA11ai00000000594110
 Amount of Each Receipt this Period 1500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Corporate VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1500.00

C. Full Name (Last, First, Middle Initial)
 Zane Wilson
 Mailing Address 766 Maranello St
 City Henderson State NV Zip Code 89052
 Date of Receipt 10 / 09 / 2008
Transaction ID: SA11ai00000000595346
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zane Wilson Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

SUBTOTAL of Receipts This Page (optional)	2125.00
TOTAL This Period (last page this line number only)	3375.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S Victory Bl</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Accounting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b00000000601326</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S Victory Bl</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Accounting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b00000000601328</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 183.55</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S Victory Bl</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Accounting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b00000000601330</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 263.26</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

696.81

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

696.81

**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 PAC

A. Full Name (Last, First, Middle Initial) Friends Of Joe Lieberman <hr/> Mailing Address PO Box 231294 <hr/> City Hartford State CT Zip Code 06123 <hr/> Purpose of Disbursement Political Contribution Candidate Name Joseph Lieberman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601331 Date of Disbursement 10 / 13 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) The Markey Committee <hr/> Mailing Address PO Box 526 <hr/> City Medford State MA Zip Code 02155 <hr/> Purpose of Disbursement Political Committee Candidate Name Edward Markey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601339 Date of Disbursement 10 / 13 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Coleman For Senate 08 <hr/> Mailing Address 680 Transfer Rd #A <hr/> City Saint Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement Political Contribution Candidate Name Norm Coleman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601341 Date of Disbursement 10 / 13 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 10 / 12

<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 PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Robert C Byrd Committee</p> <p>Mailing Address 607 14th St NW #800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Robert Byrd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23000000000601343</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>B. Full Name (Last, First, Middle Initial) Shelby For US Senate</p> <p>Mailing Address PO Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Richard Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23000000000601344</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Bob Bennett Senatorial Campaign Committee</p> <p>Mailing Address 175 S West Temple #650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Robert Bennett</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23000000000601348</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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 PAC

A. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee <hr/> Mailing Address PO Box 47025 <hr/> City Saint Petersburg State FL Zip Code 33743 <hr/> Purpose of Disbursement Political Contribution Candidate Name C. W. Bill Young Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601431 Date of Disbursement 10 / 13 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601455 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kirk For Congress <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Political Contribution Candidate Name Mark Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000601475 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 12 / 12

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Ensign For Senate

Transaction ID: SB23000000000601477

Date of Disbursement

Mailing Address PO Box 26568

^M <input type="text" value="1"/> ^M <input type="text" value="0"/>	/	^D <input type="text" value="1"/> ^D <input type="text" value="4"/>	/	^Y <input type="text" value="2"/> ^Y <input type="text" value="0"/> ^Y <input type="text" value="0"/> ^Y <input type="text" value="8"/>
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City Las Vegas State NV Zip Code 89126

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
John Ensign

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10000.00
