

Image# 10992292438

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL VARIAN MEDICAL SYSTEMS PAC		2. FEC IDENTIFICATION NUMBER C00450965
(b) Number and Street Address 1212 S VICTORY BLVD		
(c) City, State and ZIP Code BURBANK CA 91502		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. STATUS BY QUALIFICATION:

(a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	BENNIE G. THOMPSON	House	MS 02	09/23/2008
(ii)	RICHARD J DURBIN	Senate	IL 00	09/23/2008
(iii)	SUSAN M COLLINS	Senate	ME 00	09/23/2008
(iv)	JAMES D MATHESON	House	UT 02	09/30/2008
(v)	JOSEPH I LIEBERMAN	Senate	CT 00	10/13/2008

(b) Contributors: The committee received a contribution from its 51st contributor on: 11/19/2010

(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/28/2008

(d) Qualification: The committee met the above requirements on: 11/19/2010

I certify that I have examined this Statement 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 12/01/2010
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Text

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M
Revised 1/2001