



**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="2016"/>	<input type="text" value="4205.59"/>	<input type="text" value="4205.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13052.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3426.00"/>	<input type="text" value="12302.50"/>
(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="16478.09"/>	<input type="text" value="16508.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="8530.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7978.09"/>	<input type="text" value="7978.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

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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).....	1800.00	5965.00
(ii) Unitemized .....	1626.00	6337.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3426.00	12302.50
(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) .....	3426.00	12302.50
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))..... ▶	3426.00	12302.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3426.00	12302.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
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)) ..	8500.00	8530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8530.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	3426.00	12302.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3426.00	12302.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	30.00
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	30.00

**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 11
	<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. Catherine Deluca**  
Full Name (Last, First, Middle Initial)

Mailing Address 304 Oconnor St

City Menlo Park State CA Zip Code 94025-2663

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

Name of Employer: Varian Medical Systems Occupation: Manager, Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 18 / 2016**

**Transaction ID : PR1980198447696**

Amount of Each Receipt this Period: **150.00**

Memo Item

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

**B. Robert Drubka**  
Full Name (Last, First, Middle Initial)

Mailing Address 5250 S Rainbow Bl #1145

City Las Vegas State NV Zip Code 89118-0630

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

Name of Employer: Varian Medical Systems Occupation: General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 18 / 2016**

**Transaction ID : PR1980198547696**

Amount of Each Receipt this Period: **150.00**

Memo Item

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

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

Mailing Address 315 Statford Rd

City Des Plaines State IL Zip Code 60016-2109

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

Name of Employer: Varian Medical Systems Occupation: Engineer Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 18 / 2016**

**Transaction ID : PR1980199847696**

Amount of Each Receipt this Period: **150.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> 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 OF 11
<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. Mark Patzer**  
Full Name (Last, First, Middle Initial)

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 ▼ 250.00

Date of Receipt: 05 / 18 / 2016  
**Transaction ID : PR1980200147696**

Amount of Each Receipt this Period: 75.00

Memo Item

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

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

Mailing Address 2611 Ross Rd

City Chevy Chase State MD Zip Code 20815-3834

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

Name of Employer: Varian Medical Systems Occupation: Director Policy & Reimbursement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 18 / 2016  
**Transaction ID : PR1980200647696**

Amount of Each Receipt this Period: 75.00

Memo Item

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

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

Mailing Address 520 N Charter Street

City Monticello State IL Zip Code 61856-1170

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

Name of Employer: Varian Medical Systems Occupation: Government Affairs Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 05 / 18 / 2016  
**Transaction ID : PR1980200947696**

Amount of Each Receipt this Period: 60.00

Memo Item

P/R Deduction (\$20.00 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 8 OF 11
	<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. Andrew Whitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Hatherleigh Rd  
City Baltimore State MD Zip Code 21212-1613  
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 1250.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR1980201247696**  
Amount of Each Receipt this Period 375.00  
 Memo Item  
P/R Deduction (\$125.00 Bi-Weekly)

**B. Jon Hopkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1314 Featherwood Drive  
City Murphy State TX Zip Code 75094-4174  
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 05 / 18 / 2016  
**Transaction ID : PR2016511047696**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
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 76092-6933  
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 05 / 18 / 2016  
**Transaction ID : PR2016511147696**  
Amount of Each Receipt this Period 75.00  
 Memo Item  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**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 11
<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 94024-6034  
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 ▼ 400.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR2021049347696**  
Amount of Each Receipt this Period 120.00  
 Memo Item  
P/R Deduction (\$40.00 Bi-Weekly)

**B. Carl LaCasce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5074 Red Fox Court  
City Park City State UT Zip Code 84098-7568  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Medical Systems Occupation VP General Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR2202643947696**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
P/R Deduction (\$50.00 Bi-Weekly)

**C. James Suffoletta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 Indian Home Rd.  
City Danville State CA Zip Code 94526-4365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Medical Systems Occupation Director Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR2202644347696**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> 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 10 OF 11
	<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. Edward Vertatschitsch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 Oakview Drive  
City San Carlos State CA Zip Code 94070-4537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Medical Systems Occupation Sr Dir General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR2202644447696**  
Amount of Each Receipt this Period 120.00  
 Memo Item  
P/R Deduction (\$40.00 Bi-Weekly)

**B. Anup Pant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 726 Choctaw Drive  
City Fremont State CA Zip Code 94539-7175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Varian Medical Systems Occupation Sw Engineer Iv (apps)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt 05 / 18 / 2016  
**Transaction ID : PR2362780047696**  
Amount of Each Receipt this Period 0.00  
 Memo Item  
P/R Deduction (\$0.00 Bi-Weekly)

**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  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	1800.00

**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. HellerHighWater PAC**

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
Contribution: HellerHighWaterPAC

Candidate Name  
**HellerHighWater PAC**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	9		2	0	1	6		

**Transaction ID : 71376006**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item  
Contribution: HellerHighWaterPAC

Full Name (Last, First, Middle Initial)

**B. Ami Bera For Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Contribution: Ami Bera (D-7th CA)

Candidate Name  
**Amerish Bera**

Office Sought:  House  Senate  President

State: CA District: 07

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	9		2	0	1	6		

**Transaction ID : 71376007**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Memo Item  
Contribution: Ami Bera (D-7th CA)

Full Name (Last, First, Middle Initial)

**C. Scalise Leadership Fund**

Mailing Address 317 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution: Scalise Leadership Fund

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	1	6		

**Transaction ID : 71376009**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Memo Item  
Contribution: Scalise Leadership Fund

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

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

8	5	0	0	.	0	0
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8	5	0	0	.	0	0
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