

**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="2014"/>	<input type="text" value="10406.15"/>	<input type="text" value="10406.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18607.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7322.00"/>	<input type="text" value="37523.00"/>
(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="25929.15"/>	<input type="text" value="47929.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="35500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12429.15"/>	<input type="text" value="12429.15"/>
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

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).....	5040.00	28235.00
(ii) Unitemized	2282.00	9288.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7322.00	37523.00
(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)	7322.00	37523.00
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))..... ▶	7322.00	37523.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7322.00	37523.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	13500.00	35500.00
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)) ..	13500.00	35500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	35500.00

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)	7322.00	37523.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7322.00	37523.00
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:	PAGE 6 OF 16
	(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"/> 15
	<input type="checkbox"/> 12	<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. Keith Askoff
Full Name (Last, First, Middle Initial)

Mailing Address 324 Mercy St.
26th Floor

City Mountain View State CA Zip Code 94041-2204

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 ▼ **380.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : PR1833140635866

Amount of Each Receipt this Period
120.00

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

B. 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 ▼ **630.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : PR1980198435866

Amount of Each Receipt this Period
300.00

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

C. 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 ▼ **950.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : PR1980198535866

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)..... **720.00**

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 OF 16
	<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. Anna Emmons
Full Name (Last, First, Middle Initial)

Mailing Address 24 Aliso Wy

City Menlo Park State CA Zip Code 94028-7527

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

Name of Employer Varian Medical Systems Occupation VMS/VP Division HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : PR1980198735866

Amount of Each Receipt this Period
60.00

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 89109-0445

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 ▼ **570.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : PR1980199135866

Amount of Each Receipt this Period
180.00

P/R Deduction (\$30.00 Bi-Weekly)

c. Ching Clifton Ling
Full Name (Last, First, Middle Initial)

Mailing Address 345 E 69th Street, PH E

City New York State NY Zip Code 10021-5595

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 ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : PR1980199635866

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 16
<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. David Nisius
Full Name (Last, First, Middle Initial)

Mailing Address 315 Stafford Rd

City Des Plaines	State IL	Zip Code 60016-2109
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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 ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR1980199835866

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 424 3rd Ln S

City Kirkland	State WA	Zip Code 98033-6610
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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 ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR1980200135866

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 2611 Ross Rd

City Chevy Chase	State MD	Zip Code 20815-3834
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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 ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR1980200635866

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional).....▶	570.00
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 16
	<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. Tracy Ting
Full Name (Last, First, Middle Initial)
Mailing Address 10954 Stevens Canyon Rd
City Cupertino State CA Zip Code 95014-3944
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 ▼ 1450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR1980200835866
Amount of Each Receipt this Period 150.00
P/R Deduction (\$0.00 Bi-Weekly)

B. 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 Director Federal Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR1980200935866
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Gary Virshup
Full Name (Last, First, Middle Initial)
Mailing Address 753 Stendhal Ln
City Cupertino State CA Zip Code 95014-4658
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VMS/Dir Research Science
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR1980201035866
Amount of Each Receipt this Period 60.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
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 10 OF 16
<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')

Full Name (Last, First, Middle Initial) A. Andrew Whitman		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR1980201235866
Mailing Address 704 Hatherleigh Rd		Amount of Each Receipt this Period 750.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.00	P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Jon Hopkins		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR2016511035866
Mailing Address 1314 Featherwood Drive		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. John Kowal		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR2016511135866
Mailing Address 1905 Big Bend Cove		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 16
<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. James Burke
Full Name (Last, First, Middle Initial)

Mailing Address 522 East First Avenue No3

City Salt Lake City State UT Zip Code 84103-2980

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

Name of Employer: Varian Medical Systems Occupation: Mechanical Engineer IV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: 09 / 30 / 2014
Transaction ID : PR2021049135866

Amount of Each Receipt this Period: **120.00**

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

B. 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 ▼ **760.00**

Date of Receipt: 09 / 30 / 2014
Transaction ID : PR2021049335866

Amount of Each Receipt this Period: **240.00**

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

C. Patrick Joda
Full Name (Last, First, Middle Initial)

Mailing Address 5192 Independence Drive

City Pleasanton State CA Zip Code 94566-7803

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

Name of Employer: Varian Medical Systems Occupation: VP, OS Cust Svc Spt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: 09 / 30 / 2014
Transaction ID : PR2021049735866

Amount of Each Receipt this Period: **120.00**

P/R Deduction (\$20.00 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 12 OF 16
	<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. Vy Tran
Full Name (Last, First, Middle Initial)
Mailing Address 367 Santana Heights no 5038

City San Jose	State CA	Zip Code 95128-2096
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation VP, Regulatory Affairs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR2021050335866

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 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
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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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR20202643935866

Amount of Each Receipt this Period

300.00

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

C. Michael Ryberg
Full Name (Last, First, Middle Initial)
Mailing Address 53 Essex Lane

City Irvine	State CA	Zip Code 92620-0241
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FEC ID number of contributing federal political committee. **C**

Name of Employer Varian Medical Systems	Occupation VP Global Supply Chain
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR20202644235866

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	720.00
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 16
	<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. 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 ▼ 550.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR2202644335866
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 440.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR2202644435866
Amount of Each Receipt this Period 240.00
P/R Deduction (\$40.00 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

SUBTOTAL of Receipts This Page (optional).....▶	540.00
TOTAL This Period (last page this line number only).....▶	5040.00

**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. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contribution: Chuck Schumer (D-NY)

011

Candidate Name
Sen. Charles E. Schumer

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 62083390

Amount of Each Disbursement this Period

1500.00

Contribution: Chuck Schumer (D-NY)

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution: ORRIN PAC

011

Candidate Name
ORRINPAC

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 62083392

Amount of Each Disbursement this Period

2500.00

Contribution: ORRIN PAC

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution: Chris Stewart (R-2nd UT)

011

Candidate Name
Chris Stewart

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 62083393

Amount of Each Disbursement this Period

2500.00

Contribution: Chris Stewart (R-2nd UT)

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

6500.00

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, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contribution: Johnny Isakson (R-GA)

Candidate Name
Sen. Johnny Isakson

Office Sought: House Senate President
State: GA District:
Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 62083397

Amount of Each Disbursement this Period

2000.00

Contribution: Johnny Isakson (R-GA)

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution: Shore PAC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 62083411

Amount of Each Disbursement this Period

1500.00

Contribution: Shore PAC

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Contribution: Patty Murray (D-WA)

Candidate Name
Sen. Patty Murray

Office Sought: House Senate President
State: WA District:
Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 62083415

Amount of Each Disbursement this Period

2500.00

Contribution: Patty Murray (D-WA)

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

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

6000.00

**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. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution: Joe Heck (R-3rd NV)

Candidate Name
Rep. Joseph J. Heck

Office Sought: House Senate President
State: NV District: 03
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 62083418

Amount of Each Disbursement this Period

1000.00

Contribution: Joe Heck (R-3rd NV)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

13500.00