



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>		31330.90
(b) Cash on Hand at Beginning of Reporting Period.....	24170.25	
(c) Total Receipts (from Line 19) .....	27340.50	43193.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51510.75	74524.40
7. Total Disbursements (from Line 31).....	2181.40	44825.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29699.35	29699.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26752.50	37257.50
(ii) Unitemized .....	588.00	5936.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27340.50	43193.50
(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) .....	27340.50	43193.50
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)).....▶	27340.50	43193.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27340.50	43193.50

**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 .....	311.40	325.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	311.40	325.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	44500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	21811.40	44825.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21811.40	44825.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27340.50	43193.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27340.50	43193.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	311.40	325.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	311.40	325.05

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

A refund of \$520 will be reported on the next FEC report.

Form/Schedule:  
Transaction ID:

**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 30
<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, Inc. PAC ('Varian PAC')**

**A. Everett, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2549 Stockbridge Drive  
 City Oakland State CA Zip Code 94611-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr HW Dev Eng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2019  
**Transaction ID : 81732299**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kennedy, Kolleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 178 Cuesta De Los Gatos Way  
 City Los Gatos State CA Zip Code 95032-5469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VMS Occupation (for Individual) EVP, President OS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 12 / 2019  
**Transaction ID : 81732300**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. Tran, Vy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 Golden Way  
 City Los Altos State CA Zip Code 94024-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5260.00

Date of Receipt 12 / 19 / 2019  
**Transaction ID : 81732303**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 8 OF 30
	<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. Huyghe, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1463 Fairview Rd NE  
 City Atlanta State GA Zip Code 30306-4611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr. Global Products Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 22 / 2019**  
**Transaction ID : 81732304**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Askoff, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Mercy St.  
 City Mountain View State CA Zip Code 94041-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR1833140668828**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. Bisciotti, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Providence Lake Point  
 City Milton State GA Zip Code 30004-3481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Customer Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR1980198168828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<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 9 OF 30
<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. Cichocki, Gayle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 386 Chadwick Cir  
 City Henderson State NV Zip Code 89014-4523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) National Tech Supply Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980198368828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Deluca, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Accountant V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980198468828**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Jackson, Theodore, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2142 Oak Forest Dr  
 City Ellicott City State MD Zip Code 21043-1966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Product Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980199368828**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 30
<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. June, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 Mosby Woods Dr  
 City Newnan State GA Zip Code 30265-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr III, CSS Project Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980199468828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Kaye, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1830 High Trail  
 City Atlanta State GA Zip Code 30339-8470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980199568828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Ling, Ching Clifton, Clifton, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Advanced Clin Rsrch Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980199668828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<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 11 OF 30
<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. Patzer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 424 3rd Lane South  
 City Kirkland State WA Zip Code 98033-6610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980200168828**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Shue, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2721 NW 78th St  
 City Topeka State KS Zip Code 66618-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Product Spt Engineer IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980200568828**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Stordahl, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Sr Dir, Reimb/Hlth Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980200668828**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	845.00
<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 12 OF 30
<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. Tracy, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 N State Street  
 City Monticello State IL Zip Code 61856-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Executive Director, Access to Cancer C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1880.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980200968828**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. Whitman, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Vice President, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980201268828**  
 Amount of Each Receipt this Period 1625.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. Wood, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Centennial Way  
 City San Ramon State CA Zip Code 94583-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Ops/Manufacturing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980201468828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3055.00
<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 13 OF 30
<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. Zankowski, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) VP Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1980201768828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Hopkins, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 783 Hernage Creek Rd  
 City Eagle State CO Zip Code 81631-6143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir, Global Prod Sls-SBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2016511068828**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Kowal, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) VP, Domestic Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2016511168828**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1430.00
<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 14 OF 30
	<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. Vansau, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Daffodil Lane  
 City Medway State MA Zip Code 02053-6201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2016511268828**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Cheng, Lea-Phane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Kootenai Court  
 City Fremont State CA Zip Code 94539-6807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Budget/Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2021049268828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Hass, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 E Frisbie Way  
 City Salina State KS Zip Code 67401-9261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Professional Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2021049668828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<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 15 OF 30
<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. Prionas, Stavros, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 Leland Ave  
 City Menlo Park State CA Zip Code 94025-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Clinicl Trning Splst IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2021050268828**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Tran, Vy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 Golden Way  
 City Los Altos State CA Zip Code 94024-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2021050368828**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Ryberg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5410 Greenfield Way  
 City Pleasanton State CA Zip Code 94566-5416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Global Supply Chain  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2202644268828**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<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 16 OF 30
<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. Vertatschitsch, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Varian Medical Systems Occupation (for Individual) VP, Product Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2202644468828**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Zhang, Xiao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 River Reserve Drive  
 City Hartland State WI Zip Code 53029-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, General Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR22026444568828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Guest, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Thyme Cir  
 City Richland State WA Zip Code 99352-8510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr III, Field Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 302.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362779368828**  
 Amount of Each Receipt this Period 162.50  
 Memo Item  
 P/R Deduction (\$12.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.50
<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 17 OF 30
<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. Hyzak, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Vineyard Point Road  
 City Guilford State CT Zip Code 06437-3233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Product Specialist IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362779468828**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. Incorvia, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 918 Wyngate Ct.  
 City Safety Harbor State FL Zip Code 34695-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362779568828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Khuntia, Deepak, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1358 Country Club Drive  
 City Los Altos State CA Zip Code 94024-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vp Medical Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362779668828**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.00
<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 18 OF 30
	<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. Lippy, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3204 Jackson St.  
 City Houston State TX Zip Code 77004-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362779768828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Wall, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9805 Withers Road  
 City Charlotte State NC Zip Code 28278-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Professional Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2362780168828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Cook, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 Westwood Ave.  
 City Alliance State OH Zip Code 44601-5743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Field Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2485129068828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<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 19 OF 30
<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. Fullerton, Lani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14572 Grange Ville Blvd  
 City Hanford State CA Zip Code 93230-9112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Clinicl Implmnt Cnslt III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2485129168828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Kattmann, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7444 Plank Road  
 City Afton State VA Zip Code 22920-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Prog/Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2485129268828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Toth, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 Coolidge Ave  
 City San Jose State CA Zip Code 95125-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regional Leader (AMER)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2485129368828**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1560.00
<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 20 OF 30
<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. Whittington, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Tributary Trail  
 City Falling Waters State WV Zip Code 25419-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir, Clinical Trng Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2485129568828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Akbany, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2256 Cardinal Blvd.  
 City Carrollton State TX Zip Code 75010-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2498164968828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Brooks, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1813 Woodland Street  
 City Nashville State TN Zip Code 37206-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr Field Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2498165068828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<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 21 OF 30
<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. Buzzutto, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 Stillcreek Drive

City Franklin	State TN	Zip Code 37064-6764
------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Mgr II Field Service
---	---

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	/	2019

**Transaction ID : PR2498165168828**

Amount of Each Receipt this Period  
130.00

Memo Item

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

**B. Crews, Raymond, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1193 Robbie Ct

City Deerfield	State IL	Zip Code 60015-2880
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Mgr II Field Service
---	---

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	/	2019

**Transaction ID : PR2498165268828**

Amount of Each Receipt this Period  
130.00

Memo Item

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

**C. Davis, John Jr, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35211 St. Joe Road

City Dade City	State FL	Zip Code 33525-8162
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Sales Representative III
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3690.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2498165368828**

Amount of Each Receipt this Period  
2600.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2860.00
<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 22 OF 30
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Earwicker, Adam, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1614 Towell Lane			<b>Transaction ID : PR2498165468828</b>
City Escondido	State CA	Zip Code 92029-3110	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Dir Strtgc Bus Devel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gowda, Nanda, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3863 Irvington Avenue			<b>Transaction ID : PR2498165568828</b>
City Miami	State FL	Zip Code 33133-6107	Amount of Each Receipt this Period 130.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Sales Representative IV	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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hotz, Stephen, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 623 Eaker Way			<b>Transaction ID : PR2498165768828</b>
City Antioch	State CA	Zip Code 94509-6542	Amount of Each Receipt this Period 130.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) VP Field Service-Americas	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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<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 23 OF 30
<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. Konzem, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6233 Solomon Ct  
 City San Jose State CA Zip Code 95123-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr CSS Project Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2498165968828**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. McElvaney, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2839 Sarles Drive  
 City Yorktown Heights State NY Zip Code 10598-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II Clinical Trng Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2498166068828**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Rabago, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21261 Eastglen Dr.  
 City Trabuco Canyon State CA Zip Code 92679-3364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sales Representative IV  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2498166168828**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1690.00
<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 24 OF 30
	<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. Snyder, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Hunters Mill Ln  
 Woodstock  
 City Woodstock State GA Zip Code 30188-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr Installations  
 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 / 2019  
**Transaction ID : PR2498166268828**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Hennie, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 4th St SW  
 A608  
 City Washington State DC Zip Code 20024-2251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Head of Gov Affairs, OSS & Emerg Bus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2622507968828**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	26752.50



**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"/> 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. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
PayPal fee

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 81732310**  
Amount of Each Disbursement this Period

Memo Item  
PayPal fee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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')**

**A. Carper For Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
Contribution: Tom Carper (D-DE)

011  
Category/  
Type

Candidate Name  
**Carper, Thomas, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: DE District:

Date of Disbursement  
MM / DD / YYYY  
07 / 16 / 2019

FEC Identification Number

C C00349217

**Transaction ID : 81731387**

Amount of Each Disbursement this Period  
2500.00

Memo Item Contribution: Tom Carper (D-DE)

**B. Friends Of Schumer**

Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

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

011  
Category/  
Type

Candidate Name  
**Schumer, Charles, E., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District:

Date of Disbursement  
MM / DD / YYYY  
07 / 23 / 2019

FEC Identification Number

C C00346312

**Transaction ID : 81731388**

Amount of Each Disbursement this Period  
1000.00

Memo Item Contribution: Chuck Schumer (D-NY)

**C. Susie Lee For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 5130 S Fort Apache Rd Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement  
Contribution: Susie Lee (D-3rd NV)

011  
Category/  
Type

Candidate Name  
**Lee, Susie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement  
MM / DD / YYYY  
08 / 26 / 2019

FEC Identification Number

C C00655613

**Transaction ID : 81732285**

Amount of Each Disbursement this Period  
1500.00

Memo Item Contribution: Susie Lee (D-3rd NV)

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

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

5000.00

**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"/> 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')**

**A. Making a Responsible Stand for Households in America**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 3241

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contribution: MARSHA PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 24 / 2019

FEC Identification Number: C00409276  
**Transaction ID : 81732287**

Amount of Each Disbursement this Period: 1500.00  
Contribution: MARSHA PAC

Memo Item

**B. Mullin For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement  
Contribution: Markwayne Mullin (R-2nd OK)

Candidate Name  
**Mullin, Markwayne, , Rep.,**

Office Sought:  House  Senate  President  
State: OK District: 02

Disbursement For: 2020  Primary  General  Other (specify)

Date of Disbursement: 09 / 24 / 2019

FEC Identification Number: C00498345  
**Transaction ID : 81732288**

Amount of Each Disbursement this Period: 1000.00  
Contribution: Markwayne Mullin (R-2nd OK)

Memo Item

**C. First in Freedom PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 824 S Milledge Ave, Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement  
Contribution: First in Freedom PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 25 / 2019

FEC Identification Number: C00540146  
**Transaction ID : 81732289**

Amount of Each Disbursement this Period: 2500.00  
Contribution: First in Freedom PAC

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
21b 22 x 23 26 27
28a 28b 28c 29 30b
PAGE 28 OF 30

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

A. Anna Eshoo For Congress
Full Name (Last, First, Middle Initial)
Mailing Address 555 Capitol Mall, Suite 1425
City Sacramento State CA Zip Code 95814
Purpose of Disbursement Contribution: Anna Eshoo (D-18th CA)
Candidate Name Eshoo, Anna, G., Rep.,
Office Sought: [x] House [ ] Senate [ ] President
Disbursement For: 2020 [x] Primary [ ] General [ ] Other (specify)
State: CA District: 18
Date of Disbursement 11 / 14 / 2019
FEC Identification Number C00258475
Transaction ID : 81732290
Amount of Each Disbursement this Period 2000.00
Contribution: Anna Eshoo (D-18th CA)
Memo Item [ ]

B. Paul Tonko For Congress
Full Name (Last, First, Middle Initial)
Mailing Address 911 Central Avenue # 221
City Albany State NY Zip Code 12206
Purpose of Disbursement Contribution: Paul Tonko (D-20th NY)
Candidate Name Tonko, Paul, , Rep.,
Office Sought: [x] House [ ] Senate [ ] President
Disbursement For: 2020 [x] Primary [ ] General [ ] Other (specify)
State: NY District: 20
Date of Disbursement 11 / 14 / 2019
FEC Identification Number C00450049
Transaction ID : 81732291
Amount of Each Disbursement this Period 1500.00
Contribution: Paul Tonko (D-20th NY)
Memo Item [ ]

C. Nevadans For Steven Horsford
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 336664
City North Las Vegas State NV Zip Code 89033
Purpose of Disbursement Contribution: Steven Horsford (D-4th NV)
Candidate Name Horsford, Steven, , Rep.,
Office Sought: [x] House [ ] Senate [ ] President
Disbursement For: 2020 [x] Primary [ ] General [ ] Other (specify)
State: NV District: 04
Date of Disbursement 11 / 25 / 2019
FEC Identification Number C00668228
Transaction ID : 81732292
Amount of Each Disbursement this Period 1000.00
Contribution: Steven Horsford (D-4th NV)
Memo Item [ ]

SUBTOTAL of Disbursements This Page (optional)..... 4500.00
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"/> 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')**

**A. Susie Lee For Congress**

Full Name (Last, First, Middle Initial)  
Susie Lee For Congress

Date of Disbursement: 11 / 25 / 2019

Mailing Address: 5130 S Fort Apache Rd, Ste. 215-382, Las Vegas, NV 89148

City: Las Vegas, State: NV, Zip Code: 89148

Purpose of Disbursement: Contribution: Susie Lee (D-3rd NV)

Candidate Name: Lee, Susie, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: NV, District: 03

FEC Identification Number: C00655613  
Transaction ID: 81732293  
Amount of Each Disbursement this Period: 1000.00  
Contribution: Susie Lee (D-3rd NV)

Memo Item

**B. Bill Cassidy For Us Senate**

Full Name (Last, First, Middle Initial)  
Bill Cassidy For Us Senate

Date of Disbursement: 12 / 09 / 2019

Mailing Address: PO Box 80505, Baton Rouge, LA 70898

City: Baton Rouge, State: LA, Zip Code: 70898

Purpose of Disbursement: Contribution: Bill Cassidy (R-LA)

Candidate Name: Cassidy, William, , ,

Office Sought:  House,  Senate,  President

Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: LA, District:

FEC Identification Number: C00543983  
Transaction ID: 81732294  
Amount of Each Disbursement this Period: 2000.00  
Contribution: Bill Cassidy (R-LA)

Memo Item

**C. Steve Daines for Montana**

Full Name (Last, First, Middle Initial)  
Steve Daines for Montana

Date of Disbursement: 12 / 18 / 2019

Mailing Address: P.O. Box 1598, Helena, MT 59624-1598

City: Helena, State: MT, Zip Code: 59624-1598

Purpose of Disbursement: Contribution: Steve Daines (R-MT)

Candidate Name: Daines, Steve, , ,

Office Sought:  House,  Senate,  President

Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: MT, District:

FEC Identification Number: C00491357  
Transaction ID: 81732295  
Amount of Each Disbursement this Period: 1000.00  
Contribution: Steve Daines (R-MT)

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> 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"/> 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')**

**A. People For Patty Murray**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3662

City: Seattle State: WA Zip Code: 98124

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

Candidate Name: Murray, Patty, , Sen.,

Office Sought:  House  Senate  President  
State: WA District: \_\_\_\_\_

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C00257642  
Transaction ID : 81732296

Amount of Each Disbursement this Period: 2000.00

Contribution: Patty Murray (D-WA)

Memo Item

**B. LaHood For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 10735

City: Peoria State: IL Zip Code: 61612

Purpose of Disbursement: Contribution: Darin LaHood (R-18th IL)

Candidate Name: Lahood, Darin, , ,

Office Sought:  House  Senate  President  
State: IL District: 18

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 24 / 2019

FEC Identification Number: C00575050  
Transaction ID : 81732297

Amount of Each Disbursement this Period: 1000.00

Contribution: Darin LaHood (R-18th IL)

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEC Identification Number: C \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21500.00