

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Varian Medical Systems PAC

ADDRESS (number and street) 1212 S Victory Blvd
 Check if different than previously reported. (ACC)
 Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00450965
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on _____ in the State of _____
 (d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 10 12 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3635.81
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1802.74									
(c) Total Receipts (from Line 19)	3661.81	11923.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5464.55	15559.23								
7. Total Disbursements (from Line 31)	2838.76	12933.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2625.79	2625.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2805.00	9480.00
(ii) Unitemized	856.00	2340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3661.00	11820.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3661.00	11920.00
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)	0.81	3.42
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3661.81	11923.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3661.81	11923.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	338.76	933.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	338.76	933.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	12000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2838.76	12933.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2838.76	12933.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	3661.00	11920.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3661.00	11920.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	338.76	933.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.81	3.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	337.95	930.02

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000736302
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000740215
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000744362
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 08 / 12 / 2010
Transaction ID: SA11ai00000000747415
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 08 / 26 / 2010
Transaction ID: SA11ai00000000750088
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
 Robert Drubka
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118
 Date of Receipt 09 / 10 / 2010
Transaction ID: SA11ai00000000753981
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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: PAGE 8 / 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Robert Drubka

Mailing Address 5250 S Rainbow Bl #1145

City State Zip Code
Las Vegas NV 89118

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

Name of Employer: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11ai00000000757923

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

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

Name of Employer: Worldwide Training and Education
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11ai00000000736305

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

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

Name of Employer: Worldwide Training and Education
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: SA11ai00000000740218

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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: PAGE 9 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

FEC ID number of contributing federal political committee. C

Name of Employer Worldwide Training and Education
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 29 / 2010

Transaction ID: SA11ai00000000744365

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

FEC ID number of contributing federal political committee. C

Name of Employer Worldwide Training and Education
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2010

Transaction ID: SA11ai00000000747418

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

FEC ID number of contributing federal political committee. C

Name of Employer Worldwide Training and Education
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 26 / 2010

Transaction ID: SA11ai00000000750091

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) 150.00

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: PAGE 10 / 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City Las Vegas State NV Zip Code 89106

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

Name of Employer Worldwide Training and Education Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2010

Transaction ID: SA11ai00000000753985

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Jon Hollon

Mailing Address 322 Karen Av #3006

City Las Vegas State NV Zip Code 89106

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

Name of Employer Worldwide Training and Education Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010

Transaction ID: SA11ai00000000757928

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
David Nisius

Mailing Address 315 Statford Rd

City Des Plaines State IL Zip Code 60016

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 ▼ 1000.00

Date of Receipt 07 / 01 / 2010

Transaction ID: SA11ai00000000736309

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
 David Nisius

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 15 / 2010

Transaction ID: SA11ai00000000740222

Amount of Each Receipt this Period
 100.00

B.

Full Name (Last, First, Middle Initial)
 David Nisius

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 29 / 2010

Transaction ID: SA11ai00000000744369

Amount of Each Receipt this Period
 100.00

C.

Full Name (Last, First, Middle Initial)
 David Nisius

Mailing Address 315 Statford Rd

City State Zip Code
 Des Plaines IL 60016

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

Name of Employer Occupation
 Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 12 / 2010

Transaction ID: SA11ai00000000747422

Amount of Each Receipt this Period
 100.00

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 12 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.	Full Name (Last, First, Middle Initial) David Nisius	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 315 Statford Rd	Transaction ID: SA11ai00000000750095
	City State Zip Code Des Plaines IL 60016	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Varian Medical Systems Engineer Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) David Nisius	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 315 Statford Rd	Transaction ID: SA11ai00000000753990
	City State Zip Code Des Plaines IL 60016	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Varian Medical Systems Engineer Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) David Nisius	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 315 Statford Rd	Transaction ID: SA11ai00000000757934
	City State Zip Code Des Plaines IL 60016	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Varian Medical Systems Engineer Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 13 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

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

Mailing Address 1214 Portner Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 01 / 2010

Transaction ID: SA11ai00000000736312

Amount of Each Receipt this Period 40.00

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

Mailing Address 1214 Portner Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2010

Transaction ID: SA11ai00000000740228

Amount of Each Receipt this Period 40.00

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

Mailing Address 1214 Portner Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11ai00000000744372

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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: PAGE 14 / 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: SA11ai00000000747425

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: SA11ai00000000750098

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Federal Affairs Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11ai00000000753995

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 15 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11ai00000000757937

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Manoj K Vuriti

Mailing Address 5411 Midday Common

City State Zip Code
Fremont CA 94555

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

Name of Employer Occupation
Varian Medical Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2010

Transaction ID: SA11ai00000000736902

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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

Name of Employer Occupation
Varian Medical Systems Inc Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: SA11ai00000000736314

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **415.00**

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 16 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City Baltimore State MD Zip Code 21212
 Date of Receipt 07 / 15 / 2010
Transaction ID: SA11ai00000000740233
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1250.00

B. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City Baltimore State MD Zip Code 21212
 Date of Receipt 07 / 29 / 2010
Transaction ID: SA11ai00000000744374
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1250.00

C. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City Baltimore State MD Zip Code 21212
 Date of Receipt 08 / 12 / 2010
Transaction ID: SA11ai00000000747427
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1250.00

SUBTOTAL of Receipts This Page (optional) ► 375.00
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:	PAGE 17 / 19
	(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 PAC

A.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000750100
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000753997
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

C.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000757939
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	2805.00

**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)

PAGE 18 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Durkee & Associates

Transaction ID: SB21b00000000741761

Mailing Address 1212 S. Victory Blvd.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

City Burbank State CA Zip Code 91502

Amount of Each Disbursement this Period

89.33

Purpose of Disbursement
Professional accounting services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Durkee & Associates

Transaction ID: SB21b00000000750469

Mailing Address 1212 S. Victory Blvd.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

City Burbank State CA Zip Code 91502

Amount of Each Disbursement this Period

249.43

Purpose of Disbursement
Professional accounting services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

338.76

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

338.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A. Full Name (Last, First, Middle Initial) Hal Rogers For Congress Mailing Address P.O. Box 1214 - E Mt Vernon St City Somerset State KY Zip Code 42502 Purpose of Disbursement Political contributions Candidate Name Harold Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000744135 Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Hatch Election Committee Mailing Address 310 S Main #1420 City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Political contribution Candidate Name Orrin Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000744116 Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00