Image#	201701	3190421	32556

**FEC** 

FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	<b>PE OR PRINT</b> ▼ Example: If typing, type over the lines.	12FE4M5
Varian Medical Systems,	Inc. PAC ('Varian PAC')	
ADDRESS (number and street)	01 Pennsylvania Avenue, NW	
Check if different	Suite 730	DC 20004 -
2. FEC IDENTIFICATION NUMB		STATE ▲ ZIP CODE ▲
C C00450965	3. IS THIS REPORT X (N) C	OR AMENDED (A)
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report (TER)</li> </ul>	(b) Monthly Report Due On:       Feb 20 (M2)       May 20 ( May 20 (M3)         Mar 20 (M3)       Jun 20 (M         Apr 20 (M4)       Jul 20 (M         (c)       12-Day PRE-Election Report for the:       Primary (12P)         Convention (12C)       Election on       / D D         (d)       30-Day POST-Election Report for the:       General (30G)         Floation on       / D D	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) 17) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) / YYYYY in the State of Special (30S) / YYYYY in the
5. Covering Period	Election on Lecture M 29 2016 through 12	State of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Type or Print Name of Treasurer	Report and to the best of my knowledge and belief it i Wallace, B., , Peter, [Electronically Filed] s, or incomplete information may subject the person signi	Date 01 / 2017 ng this Report to the penalties of 52 U.S.C. § 30109
Use Only		FEC FORM 3X Rev. 05/2016

01/31/2017 11 : 30

PAGE 1 / 27

Debts and Obligations Owed TO

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

the Committee (Itemize all on

10. Debts and Obligations Owed BY the Committee (Itemize all on

9.

X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

#### FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Varian Medical Systems, Inc. PAC ('Varian PAC') MM D D Y М D M T. 11 29 2016 12 31 2016 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Υ 4205.59 January 1, 2016 (b) Cash on Hand at 10846.76 Beginning of Reporting Period..... 6264.00 60494.50 Total Receipts (from Line 19) ..... (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 64700.09 17110.76 6(a) and 6(c) for Column B)..... 2010.50 49599.83 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 15100.26 15100.26 (subtract Line 7 from Line 6(d)) .....

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

0.00

0.00

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. 05/2016)

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC') MM DD 11 29 2016 31 2016 12 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5650.00 48385.00 (i) Itemized (use Schedule A)..... 614.00 12109.50 (ii) Unitemized ..... (iii) TOTAL (add 60494.50 6264.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 60494.50 6264.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ..... (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))...... 60494.50 6264.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 6264.00

60494.50

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	10.50	599.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10.50	599.83
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	2000.00	49000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	41	
(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		
<ul><li>Entirely With Federal Funds</li><li>(c) Total Federal Election Activity (add</li></ul>	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2010.50	49599.83
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2010.50	49599.83

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

						6264.00
	-7-			-7-		
						0.00
1	-7	1	1	-7		
						6264.00
	7			-7		0201100
					1	10.50
	7			-7		10.00
					1	0.00
	-7-			-7	-	0.00
						10.50
	-7-			-7-	-	

	1			1		60494.50
		-7-	-		-7-	
						0.00
		-			-7	48.
-			-			60494.50
	÷	-	÷	÷	-	
						599.83
	÷	-7	÷	÷	-7	
-	-	-	-			0.00
		7			-7	
						599.83
		-7-			-7-	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

#### Page 5

#### COLUMN B Calendar Year-to-Date

е

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an PAC')						
Α.	Full Name of Individual (Last, First, Middle Initia Yeado, William, , ,	l) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 12616 W 77 St.	State	Zip Code						
	Lenexa	KS	66216-3167	Transaction ID : 74843185					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) at Strat Acct Mgr Dir	Memo Item					
	Receipt For: Primary General Other (specify) ▼	PayPay receipt							
в.	Full Name of Individual (Last, First, Middle Initia Laret, Mark, , ,	l) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 220 Rancho Dr			12 / D D / Y Y Y Y Y 12 11 2016					
	City	State	Zip Code	Transaction ID : 74843186					
	Tiburon	CA	94920-2669	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		3000.00					
	Name of Employer (for Individual) University of San Francisco	Occu CFC	ipation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	check					
	Full Name of Individual (Last, First, Middle Initia Askoff, Keith, , ,	l) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 324 Mercy St.			12 31 2016					
	City	State	Zip Code	Transaction ID : PR1833140652734					
	Mountain View	CA	94041-2204	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer (for Individual)	e of Employer (for Individual) Occupation (for Individual)							
	Varian Medical Systems	VP, A	Associate General Counsel						
		Aggregate	Year-to-Date 🔻						
	Other (specify)		520.00	P/R Deduction (\$20.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	3340.00					
т	OTAL This Period (last page this line number on	nly)	•	· · · · · · · · · · · · · · · · · · ·					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		Detailed Summary Page	×	11a	Ш	11b	11c	12			
Any information conied from such Description	and Statemants	v not he cold or weed her are		13 or the i		14 nose of	15 f. soliciting	16	tions		
Any information copied from such Reports a or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full)											
Varian Medical Systems, Ind	c. PAC ('Varia	an PAC')			_						
Full Name of Individual (Last, First, Mide <b>A.</b> Bisciotti, David, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 110 Providence Lake Po	pint			м м 12	/	D 31		2016	Y		
City	State	Zip Code		Trans	acti	ion ID :	PR1980	19815273	4		
Milton	GA	30004-3481	A	mount	of	Each F	Receipt th	nis Period			
FEC ID number of contributing federal political committee.	C					<b>7</b>	-7	20.	00		
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Customer Service		Me	это	tem					
Receipt For:		Year-to-Date ▼									
Other (specify) ▼		260.00	]   P/	R Dedu	uctio	on (\$10	0.00 Bi-We	eekly)			
Full Name of Individual (Last, First, Midc B. Carlisle, Douglas, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 11714 Littler Rd				12 31 2016							
City	State	Zip Code		Transaction ID : PR1980198252734							
Sandy	UT	84092-5762	A	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.			_		-		20.	00			
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) <b>/</b> anager		P/R Deduction (\$10.00 Bi-Weekly)							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/.								
Full Name of Individual (Last, First, Mido C. Cichocki, Gayle, , ,	lle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 386 Chadwick Cir				м м 12	/	D 31		2016			
City	State NV	Zip Code 89014-4523				-	: PR1980				
Henderson		09014-4023	A	\mount	of	Each F	Receipt th	nis Period			
FEC ID number of contributing federal political committee.	С			_	_	,		20.	00		
Name of Employer (for Individual)		upation (for Individual)		Me	əmo	tem					
Varian Medical Systems		onal Tech Supply Specialst									
Receipt For:	Aggregate	Year-to-Date ▼				on /# / -	00 0	ookta			
Other (specify)		260.00	<sup>P,</sup>	P/R Deduction (\$10.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		. [		Ξ	,	9	60.	00		
TOTAL This Period (last page this line nur	mber only)	••••••	. [			-					

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

27

				or each category of the tetailed Summary Page	×	11a 13	$\vdash$	11b 14	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	an	PAC')							
Α.	Full Name of Individual (Last, First, Middle Initia Deluca, Catherine, , ,	al) or Full C	Drgan	ization Name	C	Date of	f Rec	ceipt			
	Mailing Address 304 Oconnor St					<sup>M</sup> 12	/	D D 31	/ Y	2016	Ý
	City Menlo Park	State CA		Zip Code 94025-2663						1984527	
	FEC ID number of contributing federal political committee.	С				anoun					0.00
	Name of Employer (for Individual) Varian Medical Systems		cupati counta	on (for Individual) ant V		M	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 1300.00	P/	'R Ded	luctio	n (\$50.	00 Bi-W	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia Drubka, Robert, , ,	al) or Full C	Drgan	ization Name		Date of	f Rec	ceipt			
	Mailing Address 5250 S Rainbow BI #1145					м м 12	1	D D D 31	/ Y	2016	Y
	City Las Vegas	State NV		Zip Code 89118-0630						1985527 nis Peric	
	FEC ID number of contributing federal political committee.	С			100.00					0.00	
	Name of Employer (for Individual) Varian Medical Systems		•	on (for Individual) Manager		М	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 1300.00	P/	R Ded	uctio	n (\$50.	00 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Initia Emmons, Anna, , ,	al) or Full C	Drgan	ization Name		Date of	f Rec	ceipt			
	Mailing Address 24 Aliso Wy					<sup>M</sup> 12	/	D D 31	/ Y	2016	Y
	City Menlo Park	State CA		Zip Code 94028-7527				-		1987527 nis Peric	-
	FEC ID number of contributing federal political committee.	С				Anoun					0.00
	Name of Employer (for Individual) Varian Medical Systems		•	on (for Individual) ion HR		Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate			P/	′R Ded	luctio	n (\$10.	00 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				7		220	0.00
т	OTAL This Period (last page this line number or	nly)		•••••				,	, , ,		-

FEC Schedule A (Form 3X) Rev. 06/2016

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

			Detailed Summary Page	×	11a	$\vdash$	-	1b	11c	12	<u> </u>
Any or f	r information copied from such Reports and Statem or commercial purposes, other than using the nam	nents may ne and ad	v not be sold or used by any ped dress of any political committee	erson for to sol	13 or the icit cor	purp ntrib	pos pos	se of	15 soliciting om sucl	16 g contribu h commit	17 Itions tee.
1 /	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC							_			
	Full Name of Individual (Last, First, Middle Initial) o Garces, Carlos, , ,	or Full Org	ganization Name		Date of	Re	ece	ipt			
ſ	Mailing Address 5769 Washington St G-1				м м 12	/	ľ	D D D 31	/ Y	y y 2016	Y
	5	State FL	Zip Code 33023-7441				-			<b>1988527</b> : nis Perioc	
	FEC ID number of contributing rederal political committee.						-				.00
١	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) I, Field Service		Me	emo	o It	em			
F	Receipt For:     Age       Primary     General       Other (specify) ▼	igregate \	′ear-to-Date ▼ 210.00	P/	R Ded	uctio	on	(\$5.00	0 Bi-Wee	ekly)	
B	Full Name of Individual (Last, First, Middle Initial) o Gemperline, Robert, , ,	or Full Or	ganization Name		Date of	Re	ece	ipt			
1	Mailing Address 710 Chestnut Ct		M M / D D / Y Y Y Y 12 31 2016								
	,	State IL	Zip Code 60102-2118	A	Transaction ID : PR1980199052734 Amount of Each Receipt this Period						
	EC ID number of contributing cederal political committee.			20.00							
ī \	Name of Employer (for Individual) /arian Medical Systems		pation (for Individual) Engineer IV		Memo Item						
Ē	Receipt For:     Age       Primary     General       Other (specify) ▼	igregate Y	/ear-to-Date ▼ 260.00	P/	R Dedi	uctio	on	(\$10.0	00 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) o Hurlock, David, , ,	or Full Org	ganization Name		Date of	Re	ece	ipt			
1	Mailing Address 2045 Ashburton Way				<sup>M</sup> 12	/	E	31	/ Y	2016 <sup>°</sup>	Y
	5	State SC	Zip Code 29466-6877	A						1992527	
	FEC ID number of contributing cederal political committee.						,			20	.00
Y	Name of Employer (for Individual) Varian Medical Systems Receipt For:	Mana	pation (for Individual) ger, Sales		Memo Item						
г	Primary General Ag	igregate \	′ear-to-Date ▼ 260.00	P/	R Ded	ucti	ion	(\$10.	00 Bi-W	eekly)	
รเ	BTOTAL of Receipts This Page (optional)		•				,		,	50	00
тс	TAL This Period (last page this line number only).						-				

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

27

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or	y information copied from such Reports and Stal for commercial purposes, other than using the n			
$\rangle$	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	ian PAC')	
Α.	Full Name of Individual (Last, First, Middle Initia Jackson, Theodore, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2142 Oak Forest Dr			12 / D D / Y Y Y Y 12 31 2016
	City Ellicott City	State MD	Zip Code 21043-1966	Transaction ID : PR1980199352734
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) rector, Product Mktg	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia June, Stacy, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 174 Mosby Woods Dr			12 31 2016
	City Newnan	State GA	Zip Code 30265-2212	Transaction ID : PR1980199452734
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) gr III, CSS Project Mgt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia Kaye, Mark, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1830 High Trail			12 / D D / Y Y Y Y 12 31 2016
	City Atlanta	State GA	Zip Code 30339-8470	Transaction ID : PR1980199552734
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) Mgr, Sales	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	60.00
т	OTAL This Period (last page this line number on	ıly)	•	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Beports ar	d Statements ma	y not be sold or used by any n	13     14     15     16     17       version for the purpose of soliciting contributions							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc.	PAC ('Varia	an PAC')								
Full Name of Individual (Last, First, Middle A. Ling, Ching Clifton, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 345 E 69th Street PH E			12 31 2016							
City New York	State NY	Zip Code 10021-5595	Transaction ID : PR1980199652734 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.00							
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) anced Clin Rsrch Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle <b>B.</b> Mansfield, Stanley, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1137 S Bernardo Ave			12 31 2016							
City Sunnyvale	State CA	Zip Code 94087-2057	Transaction ID : PR1980199752734							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Manager, Research Science	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. Nisius, David, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 315 Statford Rd			12 31 2016							
City Des Plaines	State IL	Zip Code 60016-2109	Transaction ID : PR1980199852734							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) ineer Manager	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	·		140.00							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

				for each category of the Detailed Summary Page	<b>,</b>	<b>1</b> 1a 13		11b 14	11c 15	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	an	PAC')										
Α.	Full Name of Individual (Last, First, Middle Initia O'Byrne, Mary, , ,	al) or Full C	)rga	anization Name		Date o	f Red	ceipt						
	Mailing Address 290 Live Oak Ln	-1				м м 12	/	D 31	/ Y	ү ү 2016	Y			
	City Los Altos	State CA		Zip Code 94022-2175						1999527				
	FEC ID number of contributing federal political committee.	С								nis Perioo 20	.00			
	Name of Employer (for Individual) Varian Medical Systems		•	ation (for Individual) sociate General Counsel		М	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 360.00	F	P/R Ded	luctio	on (\$10.	00 Bi-W	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia Palter, Alan, , ,	al) or Full C	)rga	anization Name		Date o	f Red	ceipt						
	Mailing Address 2035 Queens Lane			1		<sup>M</sup> 12	/	D D D 31	/ Y	ү ү 2016	Ŷ			
	City San Mateo	State CA		Zip Code 94402-3930	_					2000527: nis Period				
	FEC ID number of contributing federal political committee.	С	_		20.00									
	Name of Employer (for Individual) Varian Medical Systems		•	ation (for Individual) Director	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 260.00	F	P/R Ded	uctio	n (\$10.	00 Bi-We	eekly)				
с.	Full Name of Individual (Last, First, Middle Initia Patzer, Mark, , ,	al) or Full C	)rga	anization Name		Date o	f Red	ceipt						
	Mailing Address 424 3rd Lane South	1 -		1		12 <sup>M</sup>		D D D 31		2016	_			
	City Kirkland	State WA		Zip Code 98033-6610	_					2001527 nis Period				
	FEC ID number of contributing federal political committee.	С	-					,	, eccipt u		.00			
	Name of Employer (for Individual) Varian Medical Systems		•	ation (for Individual) , Sales		М	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 650.00		P/R Dec	luctic	on (\$25.	.00 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)			•••••				, .		90	.00			
т	OTAL This Period (last page this line number or	וy)		····· •		<u> </u>		y-						

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

116	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>′</b> 11a 13	11		11c 15	12 16	17					
or	v information copied from such Reports and Stat for commercial purposes, other than using the na								oliciting	contribu	utions					
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	ian	PAC')												
	Full Name of Individual (Last, First, Middle Initial Petrillo, Michael, , ,	) or Full C	Drgar	nization Name		Date of	Recei	pt								
	Mailing Address 7910 Boothill Drive					12 <sup>M</sup>	1	D D D 31	/ Y	үүү 2016	Y					
	City Park City	State UT		Zip Code 84098-5394	_					2002527	-					
-	-			84098-3394	_	Amount	of Ea	ch Re	ceipt th	is Period	t					
	FEC ID number of contributing federal political committee.	С	_				-9-		- 19	20	.00					
	Name of Employer (for Individual) Varian Medical Systems		cupat Mana	ion (for Individual) nger		Mer	mo Ite	əm								
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	260.00	F	P/R Dedu	ction	(\$10.0	0 Bi-We	ekly)						
	Full Name of Individual (Last, First, Middle Initial Shue, Jeff, , ,	) or Full C	Drgar	nization Name		Date of	Recei	ipt								
	Mailing Address 2721 NW 78th St					<sup>M</sup> 12	/	31	/ Y	2016	Y					
	City	State		Zip Code		Transa	ction	ID : P	R19802	005527:	34					
	Topeka	KS		66618-2107		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) /arian Medical Systems		•	ion (for Individual) Spt Engineer IV	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 385.00	F	P/R Deduc	ction (	(\$15.00	0 Bi-We	ekly)						
	Full Name of Individual (Last, First, Middle Initial Stordahl, Stacy, , ,	) or Full C	Drgar	ization Name		Date of	Recei	pt								
	Mailing Address 2611 Ross Rd					12 <sup>M</sup>	/	D D D 31	/ Y	2016	Y					
	City	State		Zip Code		Transa	action	ID : P	R19802	2006527	34					
-	Chevy Chase	MD		20815-3834		Amount	of Ea	ch Re	ceipt th	is Period	k					
	FEC ID number of contributing federal political committee.	С					y		9	50	.00					
	Name of Employer (for Individual) Varian Medical Systems		•	ion (for Individual) eimb/Hlth Policy		Me	mo Ite	em								
	Receipt For:	Aggregate	Yea	r-to-Date ▼	_											
	Primary General Other (specify)		-	620.00	F	P/R Dedu	iction	(\$25.0	0 Bi-We	ekly)						
sı	JBTOTAL of Receipts This Page (optional)			•	I		y	_	9	100	.00					
т	OTAL This Period (last page this line number on	ly)		••••••												

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 14 OF

		Detailed Summary Page	×	11a		11	b	11c	12				
				13		14		15	16	17			
Any information copied from such Reports or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full) Varian Medical Systems, In	c. PAC ('Varia	an PAC')											
Full Name of Individual (Last, First, Mide <b>A.</b> Tracy, Maureen, , ,	dle Initial) or Full O	rganization Name		ate of	Re	ecei	ipt						
Mailing Address 520 N Charter Street				<sup>M</sup> 12	/	Γ	D D 31	/ Y	2016	Y			
City	State	Zip Code		Trans	acti	ion	ID : I	PR1980	20095273	4			
Monticello	IL	61856-1170	A	mount	t of	Ea	ch Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	С					-			40.0	0			
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) rernment Affairs Advisor		Me	emo	o Ite	em						
Receipt For:	Aggregate	Year-to-Date V											
Other (specify) ▼		490.00	P/	R Ded	uctio	on (	(\$20.0	00 Bi-We	eekly)				
Full Name of Individual (Last, First, Mide B. Whitman, Andrew, , ,	dle Initial) or Full O	rganization Name		ate of	Re	ecei	ipt						
Mailing Address 704 Hatherleigh Rd				<sup>M</sup> 12	/	Γ	D D 31	/ Y	y y 2016	Y			
City	State	Zip Code							20125273	1			
Baltimore	MD	21212-1613	A	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00										
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) e President, Government Affairs	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3250.00	P/R Deduction (\$125.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mid C. Wood, Robert, , ,	dle Initial) or Full O	rganization Name	С	ate of	Re	ecei	ipt						
Mailing Address 56 Centennial Way				<sup>™</sup> 12	/	Ľ	31	/ Y	2016 Y	Y			
City	State	Zip Code		Trans	acti	ion	ID :	PR1980	20145273	4			
San Ramon	CA	94583-2615	A	mount	of	Ea	ch Re	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	C			_		y		y	20.	00			
Name of Employer (for Individual)		upation (for Individual)		M	emo	o Ite	em						
Varian Medical Systems Receipt For:		Ops/Manufacturing	_										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/	R Ded	uctio	ion	(\$10.	00 Bi-W	eekly)				
		-95	<u> </u>		_								
SUBTOTAL of Receipts This Page (option	nal)	••••••	<u> </u>			9		, ,	310.0	)0			
TOTAL This Period (last page this line nu	mber only)	••••••	. [			-		-					

FOR LINE NUMBER:

PAGE 15 OF

			Use separate schedule(s)	(check only one)										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b		11c		12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na				or the		pose d		oliciting	g con	tributio	ons		
	NAME OF COMMITTEE (In Full)													
$\rangle$	Varian Medical Systems, Inc. PAG	C ('Varia	an PAC')											
Α.	Full Name of Individual (Last, First, Middle Initial Yuan, Julie, , ,	) or Full O	rganization Name	C	ate o	f Re	eceipt							
	Mailing Address 816 Killarney Ct				M M 12	1	D 3	D 1	/ Y		16	7		
	City	State	Zip Code	Transaction ID : PR1980201652734										
	Sunnyvale	CA	94087-4864	A	moun	t of	Each	Rec	eipt th	is Pe	əriod			
	FEC ID number of contributing federal political committee.	С					-	_	-9-	_	20.00	)		
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) troller V		Μ	lemc	ltem							
		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) V	· · · ·	260.00	P/	R Dec	ductio	on (\$1	0.00	) Bi-We	ekly)	)			
				-										
в.	Full Name of Individual (Last, First, Middle Initial Zankowski, Corey, , ,	) or Full O	rganization Name	С	ate o	of Re	eceipt							
	Mailing Address 1641 Kirk Court			12 31 2016										
	City	State	Zip Code		Trans	sacti	on ID	: PR	19802	20175	52734			
	San Jose	CA	95124-4800	A	moun	t of	Each	Rec	eipt th	is Pe	əriod			
	FEC ID number of contributing federal political committee.	С					-		-	_	20.00	)		
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Product Mgmt	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼	-										
	Primary   General     Other (specify) ▼		310.00	P/I	R Ded	luctio	on (\$1	0.00	Bi-We	ekly)	)			
С.	Full Name of Individual (Last, First, Middle Initial Denecour, Jessica, , ,	) or Full O	rganization Name		ate o	f Re	ceipt							
	Mailing Address 50 Coral Street			T	M M 12		D	D 1	/ Y	201	16			
	City	State	Zip Code		Trans	sact	ion ID	) : PF	R1981	2036	52734			
	Pacific Grove	CA	93950-2158	A	moun	it of	Each	Rec	eipt th	ıis P€	əriod			
	FEC ID number of contributing federal political committee.	С			_		y		9	_	20.00	)		
	Name of Employer (for Individual) Varian Medical Systems	Occu SVP	upation (for Individual) CIO		N	lemo	) Item							
		Aggregate	Year-to-Date ▼											
	Other (specify)		260.00	P/	R Deo	ducti	on (\$1	0.00	) Bi-W	eekly)	)			
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number on		F		-		, , , ,	-	J	-	60.00	)		

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an PAC')	
Α.	Full Name of Individual (Last, First, Middle Initia Star-Lack, Josh, , ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 902 Van Auken Circle			12 31 Y Y Y Y 12 31 2016
	City	State	Zip Code	Transaction ID : PR1981204352734
	Palo Alto	CA	94303-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) /Igr, Research Science	Memo Item
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia Hopkins, Jon, , ,	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 783 Hernage Creek Rd			12 31 2016
	City	State	Zip Code	Transaction ID : PR2016511052734
	Eagle	CO	81631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Global Prod Sls-SBU	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Kowal, John, , ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 1905 Big Bend Cove			M M / D D / Y Y Y Y 12 31 2016
	City	State	Zip Code	Transaction ID : PR2016511152734
	Southlake	TX	76092-6933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Varian Medical Systems	VP,	Domestic Sales	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		925.00	P/R Deduction (\$50.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		••••••	230.00
т	OTAL This Period (last page this line number or	וy)	•	

FOR LINE NUMBER:

PAGE 17 OF

TEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
IIEMI			for each category of the Detailed Summary Page	× 11a		11b	$\vdash$	11c 15		2 16	17		
	prmation copied from such Reports and State commercial purposes, other than using the na			on for the		oose c	of sol	liciting	cont	ributic	ons		
	E OF COMMITTEE (In Full)						non	1 0001					
\ \	rian Medical Systems, Inc. PAC	C ('Varia	an PAC')										
	Name of Individual (Last, First, Middle Initial) Isaun, Richard, , ,	) or Full O	organization Name	Date o	f Re	ceipt							
Maili	ng Address 1 Daffodil Lane			M M	/	D 3		/ Y	20 <sup>2</sup>	Y Y	1		
City Med	way	State MA	Zip Code 02053-6201	 Transaction ID : PR2016511252734 Amount of Each Receipt this Period									
	ID number of contributing al political committee.	С				7				20.00	)		
Varia	e of Employer (for Individual) In Medical Systems		upation (for Individual) ector, Sales	M	lemo	Item							
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Dec	ductio	on (\$1	0.00	Bi-We	ekly)				
	Name of Individual (Last, First, Middle Initial) eng, Lea-Phane, , ,	) or Full O	organization Name	Date o	of Re	ceipt							
	ng Address 35 Kootenai Court			12 31 2016									
City Frem	aant	State CA	Zip Code 94539-6807			on ID							
FEC	ID number of contributing al political committee.	C	94339-0607	 Amoun	IT OT	Each	Rece	eipt th	is Pe	20.00	)		
Nam	e of Employer (for Individual) n Medical Systems		upation (for Individual)	 Memo Item									
	int For:		Mgr, Budget/Finance Year-to-Date ▼	 _									
	Primary General Other (specify) ▼	Aggregate	, 260.00	P/R Ded	luctic	on (\$10	0.00	Bi-We	ekly)				
	Name of Individual (Last, First, Middle Initial) Ibeth, Richard, , ,	) or Full O	Organization Name	Date o	f Re	ceipt							
Maili	ng Address 1243 Richardson Ave			M 12	/	D 3		/ Y	201	ү ү 6			
City	Altos	State CA	Zip Code 94024-6034			ion ID							
FEC	ID number of contributing al political committee.	С		Amoun		Each	Rece	sipt th	is Pe	80.00	)		
	e of Employer (for Individual) an Medical Systems		upation (for Individual) R&D & Engineering	 N	lemo	ltem							
Receipt For:       Aggreg         Primary       General         Other (specify)			Year-to-Date ▼ 1040.00	P/R Dec	ductio	on (\$4	0.00	Bi-We	ekly)				
	<b>DTAL</b> of Receipts This Page (optional)					5	-	9		120.00			

FOR LINE NUMBER:

PAGE 18 OF

	-/	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12											
Any information assist from such Description	d Statemants and	hu not be cold or used by service	13 14 15 16 1											
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)	. PAC ('Vari	an PAC')												
Full Name of Individual (Last, First, Middle	nitial) or Full C	Irganization Name												
A. Hass, Jill, , ,		rganization Name	Date of Receipt											
Mailing Address 848 E Frisbie Way			M M / D D / Y Y Y Y 12 31 2016											
City	State KS	Zip Code	Transaction ID : PR2021049652734											
Salina	N3	67401-9261	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		20.00											
Name of Employer (for Individual)		upation (for Individual)	Memo Item											
Varian Medical Systems	Mgr	II, Professional Svc												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)											
			-											
Full Name of Individual (Last, First, Middle B. Joda, Patrick, , ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5192 Independence Drive			12 31 2016											
City	State	Zip Code	Transaction ID : PR2021049752734											
Pleasanton	CA	94566-7803	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		40.00											
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) P, OS Global Ops	Memo Item											
Receipt For:		Year-to-Date ▼	_											
Primary General			P/R Deduction (\$20.00 Bi-Weekly)											
Other (specify) ▼		, 520.00	1											
Full Name of Individual (Last, First, Middle C. LaFave, Richard, , ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 2790 Bellini Dr			12 31 2016											
City	State	Zip Code	Transaction ID : PR2021049852734											
Henderson	NV	89052-3164	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		20.00											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
Varian Medical Systems	Proj	ect (Design) Mgr IV												
	Aggregate	Year-to-Date <b>V</b>												
Other (specify)		250.00	P/R Deduction (\$10.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		80.00											

FOR LINE NUMBER:

PAGE 19 OF

	/	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
Any information copied from such Reports an or for commercial purposes, other than using			13     14     15     16     17       rerson for the purpose of soliciting contributions       e to solicit contributions from such committee									
NAME OF COMMITTEE (In Full)		duress of any political commute										
Varian Medical Systems, Inc.	PAC ('Varia	an PAC')										
Full Name of Individual (Last, First, Middle A. Lerma, Richard, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 42926 Joshua Tree Court			12 31 2016									
City Murrieta	State CA	Zip Code 92562-8949	Transaction ID : PR2021049952734 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) II, Field Service	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Lindberg, Lawrence, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3162 Stardust Street			12 / D D / Y Y Y Y 12 31 2016									
City Rocklin	State CA	Zip Code 95677-1724	Transaction ID : PR2021050052734 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Dir, Prog/Proj Mgmt	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. Prionas, Stavros, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 180 Leland Ave			12 31 Y Y Y Y Y 12 31 2016									
City Menlo Park	State CA	Zip Code 94025-6163	Transaction ID : PR2021050252734 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) cl Trning Splst IV	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			60.00									

FOR LINE NUMBER:

PAGE 20 OF

			Use separate schedule(s)	(check	only o	one)	(check only one)								
ITEMIZED REC	JEIP I S		for each category of the Detailed Summary Page	× 11	_	11b	110		12 16	17					
			L ay not be sold or used by any pe ddress of any political committee	erson for t	he pu	irpose (	of solici	ting co	ontributi	ons					
\	cal Systems, Inc. PA	C ('Varia	an PAC')												
Full Name of Indiv A. Tran, Vy, , ,	vidual (Last, First, Middle Initia	al) or Full O	rganization Name	Date	e of F	leceipt									
Mailing Address 9	06 Golden Way				2 <sup>M</sup>	3			2016	Y					
City Los Altos		State CA	Zip Code 94024-5056	Transaction ID : PR2021050352734 Amount of Each Receipt this Period											
FEC ID number of federal political con	0	С					Tieccip		40.0	0					
Name of Employer Varian Medical Sys	· ,		upation (for Individual) P, Regulatory Affairs		Merr	io Item									
Receipt For: Primary Other (specif	General fy) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R [	Deduc	tion (\$2	20.00 Bi	Weekl	ly)						
Full Name of Indiv B. Tupikov, Vitali	ridual (Last, First, Middle Initia i, , ,	al) or Full O	rganization Name	Date	e of F	eceipt									
	55 Chester Ct West			12 31 2016											
City		State	Zip Code				: PR20								
Aurora			60504-5229	Amo	ount o	f Each	Receip	this F	Period						
FEC ID number of federal political co	0	C							20.0	0					
Name of Employed Varian Medical Sys			upation (for Individual) ctrical Engineer IV	Memo Item											
Receipt For:			Year-to-Date ▼	_											
Other (specif	∫ General fy) ▼		260.00	P/R D	educt	tion (\$1	0.00 Bi-	Weekl	у)						
Full Name of Indiv c. LaCasce, Ca	ridual (Last, First, Middle Initia Irl, , ,	al) or Full O	rganization Name	Date	e of F	eceipt									
	074 Red Fox Court				<sup>M</sup> 2		D /		016	Y					
City		State	Zip Code	Tr	ansac	tion ID	) : PR22	02643	952734						
Park City		UT	84098-7568	Amo	ount o	f Each	Receip	t this F	Period						
FEC ID number of federal political co	5	С				y			100.0	0					
Name of Employer (for Individual) Varian Medical Systems			upation (for Individual) General Mgr	Memo Item											
Receipt For:     Aggr       Primary     General       Other (specify)			gregate Year-to-Date ▼			tion (\$5	50.00 Bi	Week	ly)						
	ipts This Page (optional)					5			160.0	0					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 21 OF

		Detailed Summary Page	×	11a		11b		11c	12						
Any information partial from such Date	and Otatamanta			13		14		15	16	17 tiono					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the licit cor	purµ ntrib	pose outioi	e of s ns fro	onciting	g contribu n commiti	tions ee.					
NAME OF COMMITTEE (In Full)															
Varian Medical Systems, In	c. PAC ('Varia	an PAC')													
Full Name of Individual (Last, First, Mid Ryberg, Michael, , ,	dle Initial) or Full O	rganization Name	[	Date of	Re	eceip	ot								
Mailing Address 5410 Greenfield Way				м м 12	/	D	31	/ Y	2016	Y					
City	State	Zip Code		Trans	acti	ion I	ID : F	R2202	64425273	4					
Pleasanton	CA	94566-5416	A	Amount	of	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	C			_		-		-7-	40.	00					
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Global Supply Chain		Me	emo	b Iter	m								
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify) ▼		520.00	<b>]</b>   P/	R Ded	uctio	on (\$	\$20.0	0 Bi-We	eekly)						
Full Name of Individual (Last, First, Mid B. Suffoletta, James, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceip	ot								
Mailing Address 604 Indian Home Rd.			12 31 2016												
City	State	Zip Code		Trans	acti	ion I	D : P	R22026	64435273	4					
Danville	CA	94526-4365	/	Amount	of	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С			_		-		-	20.	00					
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) ector, Product Mktg		Me	emo	o Iter	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 860.00	P/R Deduction (\$10.00 Bi-Weekly)												
Full Name of Individual (Last, First, Mid C. Vertatschitsch, Edward, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceip	ot								
Mailing Address 250 Oakview Drive				<sup>M</sup> 12	/		31		ү ү 2016						
City San Carlos	State CA	Zip Code 94070-4537							64445273						
		94070-4037	/	Amount	of	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					<u>y</u>		y	80.	00					
Name of Employer (for Individual)	Осси	upation (for Individual)		M	emc	o Ite	m								
Varian Medical Systems	VP,	Product Mgmt													
Receipt For:	Aggregate	Year-to-Date 🔻													
Other (specify)		1040.00	]   P/	/R Ded	ucti	on (S	\$40.C	0 Bi-We	eekly)						
SUBTOTAL of Receipts This Page (option	nal)					y		9	140.	00					
TOTAL This Period (last page this line nu	mber only)					-		-							

FOR LINE NUMBER:

PAGE 22 OF

			Use separate schedule(s) for each category of the			(check only one)								
ITE	MIZED RECEIPTS		•	<b>X</b> 11a 13		11b 14		11c 15	12		17			
	information copied from such Reports and Stat or commercial purposes, other than using the na													
\	JAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an PAC')											
	- Full Name of Individual (Last, First, Middle Initial Zhang, Xiao, , ,	) or Full O	rganization Name		Date of	f Re	ceipt							
-	Aailing Address 736 River Reserve Drive				M M 12	_		D 1	/ Y	2016		1		
	Dity Hartland	State WI	Zip Code 53029-2906	Transaction ID : PR2202644552734 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		20.00										
١	lame of Employer (for Individual) /arian Medical Systems		upation (for Individual) General Mgr		М	emo	Item							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00		P/R Ded	luctio	on (\$1	0.00	) Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial Davis, Paul, , ,	) or Full O	rganization Name		Date of	f Re	ceipt							
_	Aailing Address 6139 Puerto Drive			12 31 2016										
	City Rancho Murieta	State CA	Zip Code 95683-9320		Trans Amount		-			779152	-			
F	EC ID number of contributing ederal political committee.	С						nec			20.00			
	Name of Employer (for Individual) /arian Medical Systems		upation (for Individual) es Representative III	Memo Item										
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]	P/R Ded	uctic	on (\$10	0.00	) Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial Guest, Trevor, , ,	) or Full O	rganization Name		Date of	f Re	ceipt							
_	Nailing Address 203 Thyme Cir	1			<sup>M</sup> 12	1	D 3	D 1	/ Y	ү 2016	Y Y S	]		
	Dity Richland	State WA	Zip Code 99352-8510	-	Trans Amount					<b>779352</b> nis Peri				
	EC ID number of contributing ederal political committee.	С			<u> </u>		y .		,		20.00			
`	Name of Employer (for Individual) /arian Medical Systems		upation (for Individual) III, Field Service		М	emo	ltem							
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00		P/R Ded	luctio	on (\$1	0.00	) Bi-W	eekly)				
	BTOTAL of Receipts This Page (optional)		· · · · · ·	• -			5		,	6	60.00			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 23 OF

				Detailed Summary Page	×	_		-	11b	11c		12	<u> </u>			
An	y information copied from such Reports and Sta	tements ma	L ay n	ot be sold or used by any pe	⊥ ∍rson f	13 for the	) 9 pu	_	14 ose of	15 soliciti	ng c	16 Intribut	ions			
or	for commercial purposes, other than using the r															
$\rangle$	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an	PAC')												
۹.	Full Name of Individual (Last, First, Middle Initia Hyzak, Paul, , ,	al) or Full O	Drgar	nization Name		Date	of R	lec	ceipt							
	Mailing Address 10 Vineyard Point Road					<sup>™</sup> 12		/	31			2016	Y			
	City Guilford	State CT		Zip Code 06437-3233					<b>on ID :</b> Each R				4			
	FEC ID number of contributing federal political committee.	С			20.00											
	Name of Employer (for Individual) Varian Medical Systems			ion (for Individual) Specialist IV	Memo Item											
	Receipt For: Primary General Other (specify) ▼	ur-to-Date ▼ 260.00	P	/R De	duct	tio	n (\$10.	.00 Bi-\	Veek	ly)						
	Full Name of Individual (Last, First, Middle Initia Incorvia, David, , ,	al) or Full O	)rgar	nization Name		Date	of R	lec	ceipt							
	Mailing Address 918 Wyngate Ct.			Zip Code	12 / 31 / Y Y Y Y Y 2016											
	City Safety Harbor	State FL		Zip Code 34695-5650					o <b>n ID :</b> Each R				4			
	FEC ID number of contributing federal political committee.	С	_		20.00											
	Name of Employer (for Individual) Varian Medical Systems		•	tion (for Individual) r, Sales		L I	Mem	10	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 260.00	P.	/R De	duct	tio	n (\$10.	00 Bi-V	Veek	ly)				
	Full Name of Individual (Last, First, Middle Initia Khuntia, Deepak, , ,	al) or Full O	)rgar	nization Name		Date	of R	lec	ceipt							
	Mailing Address 1358 Country Club Drive			<b>7:</b> 0 - 1-		<sup>™</sup> 12		/	31	11	2	2016				
	City Los Altos	State CA		Zip Code 94024-5302					<b>on ID :</b> Each R				4			
	FEC ID number of contributing federal political committee.	С	_				0		n	J		40.0	00			
	Name of Employer (for Individual) Varian Medical Systems		•	ion (for Individual) cal Affairs			Mem	10	ltem							
	Receipt For: Primary General Other (specify)			ir-to-Date ▼ 520.00	P	'∕R D€	duct	tio	on (\$20	.00 Bi-\	Veek	dy)				
	UBTOTAL of Receipts This Page (optional)				- i		-		,	5	-	80.0	)0			
D	OTAL This Period (last page this line number or	าเy)		••••••	•		_		,			1.40				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
	Varian Medical Systems, Inc. PAC	C ('Vari	an PAC')							
Α.	Full Name of Individual (Last, First, Middle Initial) Lippy, Denise, , ,	or Full C	Drganization Name	Date of Receipt						
	Mailing Address 3204 Jackson St.	12 / D D / Y Y Y Y 12 31 2016								
	City Houston	State TX	Zip Code 77004-3034	Transaction ID : PR2362779752734						
	EEC ID number of contributing	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) Field Service	Memo Item						
	Receipt For:     µ       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial) Loar, Brian, , ,	Drganization Name	Date of Receipt							
	Mailing Address 4066 Chelsea Green East	12 31 2016								
	City New Albany	State OH	Zip Code 43054-6017	Transaction ID : PR2362779852734 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) Director, Sales	Memo Item						
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) Lowell, Matthew, , ,	Date of Receipt								
	Mailing Address 932 Covington Ct	12 / D D / Y Y Y Y 12 31 2016								
	City Los Altos	State CA	Zip Code 94024-5047	Transaction ID : PR2362779952734 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) Controller	Memo Item						
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
	UBTOTAL of Receipts This Page (optional)									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

ITEMIZED RECEIPTS				for each category of the Detailed Summary Page	-	<b>X</b> 11a 13		11b 14	11c 15	12 16		17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an	n PAC')										
Α.	Full Name of Individual (Last, First, Middle Initial Wall, Kathryn, , , Mailing Address 9805 Withers Road		Date of Receipt											
	City Charlotte	State NC		Zip Code 28278-6821		Transaction ID : PR2362780152734 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	-								0.00			
	Name of Employer (for Individual) Varian Medical Systems Receipt For:			ation (for Individual) , Professional Svc		Memo Item								
	Primary General Other (specify) ▼	Aggregate	Ye	aar-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Toth, Christopher, , ,							Date of Receipt						
	Mailing Address 1252 Coolidge Ave		12 / D D / Y Y Y Y 12 31 2016											
	City San Jose	State CA		Zip Code 95125-3226					PR24851 Receipt th					
	FEC ID number of contributing federal political committee.	С	_			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Varian Medical Systems		•	ation (for Individual) Regional Leader (AMER)		Me	emo	ltem						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Ye	ear-to-Date ▼ , 1100.00		P/R Dedu	uctior	n (\$10	0.00 Bi-W	(eekly)				
с.	Full Name of Individual (Last, First, Middle Initial	) or Full O	)rga	anization Name		Date of	Rec	eipt						
	Mailing Address		M = M	/	D	D / Y	Y Y	Y						
	City	State		Zip Code		Amount	of E	Each F	Receipt th	is Peric	d			
	FEC ID number of contributing federal political committee.		<u> </u>		,	, ,								
	Name of Employer (for Individual)		Me	emo	Item									
	Receipt For: Primary General Other (specify)													
s	UBTOTAL of Receipts This Page (optional)			•				,	. ,	22	0.00			
т	OTAL This Period (last page this line number on	ly)		••••						565	0.00			

S(	CHEDULE B (FEC Form 3X)			F	OR LI	NE NUMBER: PAGE 26 OF 27				
IT	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			only one)     1b     22     23     26     27       8a     28b     28c     29     30b				
	y information copied from such Reports and State for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	; ('Varian	PAC')							
Α.	Full Name (Last, First, Middle Initial) PayPal	Date of Disbursement								
	Mailing Address 2211 North First Street	11 30 2016								
	San Jose	State CA	Zip Code 95131			FEC Identification Number				
	Purpose of Disbursement PayPal fee	C Transaction ID : 74843365								
	Candidate Name				egory/ ype					
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General cify) ▼			PayPal fee Memo Item				
в.	Full Name (Last, First, Middle Initial)	Date of Disbursement								
	Mailing Address									
	City			FEC Identification Number						
	Purpose of Disbursement Candidate Name	C Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General	- IY	ype					
	State: District:		<i>y</i> ,			Memo Item				
C.	Full Name (Last, First, Middle Initial)	Date of Disbursement								
	Mailing Address									
	2	State	Zip Code			FEC Identification Number				
	Purpose of Disbursement Candidate Name	C								
	Office Sought: House Disburse	Amount of Each Disbursement this Period								
	Senate President	Memo Item								
_	State: District:									
⊢	UBTOTAL of Disbursements This Page (optional)					40.50				

I

SCHEDULE B (FEC Form 3X)	Use sena	Use separate schedule(s) for each category of the Detailed Summary Page			NUMBER: PAGE 27 OF 27				
ITEMIZED DISBURSEMENTS	for each				one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	C ('Varian	PAC')							
Full Name (Last, First, Middle Initial) A. Friends Of Todd Young, Inc.	Date of Disbursement								
Mailing Address PO Box 1053		12 19 2016							
City Bloomington Purpose of Disbursement	State IN	Zip Code 47402			FEC Identification Number				
Contribution: Todd Young (R-IN)	11 gory/	Transaction ID : 74843188 Amount of Each Disbursement this Period							
XSenatePresident	ement For: 2 Primary Other (spec	General	Ту	pe	2000.00 Contribution: Todd Young (R-IN) Memo Item				
State: IN District: Full Name (Last, First, Middle Initial) B.		Date of Disbursement							
Mailing Address									
City	State	Zip Code			FEC Identification Number				
Purpose of Disbursement	gory/ pe	Amount of Each Disbursement this Period							
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	.,	<u> </u>	Memo Item				
State: District: Full Name (Last, First, Middle Initial)									
C	Date of Disbursement								
Mailing Address									
City Purpose of Disbursement		FEC Identification Number							
Candidate Name	gory/ pe	Amount of Each Disbursement this Period							
Senate President	Senate Primary General								
					2000.00				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only					2000.00				