

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Varian Medical Systems, Inc. PAC ('Varian PAC')

ADDRESS (number and street) 801 Pennsylvania Avenue, NW Suite 520 Washington DC 20004 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2022 through 03 / 31 / 2022

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

Signature of Treasurer Whitman, Andrew, , , [Electronically Filed] Date 04 / 12 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC')

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="13197.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13197.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5924.80"/>	<input type="text" value="5924.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19121.93"/>	<input type="text" value="19121.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5460.00"/>	<input type="text" value="5460.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13661.93"/>	<input type="text" value="13661.93"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC')

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 2022

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).....	3513.80	3513.80
(ii) Unitemized .....	2411.00	2411.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5924.80	5924.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5924.80	5924.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5924.80	5924.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5924.80	5924.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	460.00	460.00
(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)).....	460.00	460.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5460.00	5460.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5460.00	5460.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5924.80	5924.80
34. Total Contribution Refunds (from Line 28(d)) .....	460.00	460.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5464.80	5464.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

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

**A. Tran, Vy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 Golden Way  
 City Los Altos State CA Zip Code 94024-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 340.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : 85600396**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$460.00 This changes the YTD Total to \$-340.00

**B. Deluca, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Oconnor St  
 City Menlo Park State CA Zip Code 94025-2663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Accountant V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : PR1980198480520**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Whitman, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 Hatherleigh Rd  
 City Baltimore State MD Zip Code 21212-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vice President, Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2022  
**Transaction ID : PR1980201280520**  
 Amount of Each Receipt this Period 1153.80  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1413.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kowal, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 Big Bend Cove  
 City Southlake State TX Zip Code 76092-6933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Domestic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : PR2016511180520**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Toth, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 Coolidge Ave  
 City San Jose State CA Zip Code 95125-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regional Leader (AMER)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : PR2485129380520**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Snyder, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Hunters Mill Ln Woodstock  
 City Woodstock State GA Zip Code 30188-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr Installations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022  
**Transaction ID : PR2498166280520**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 11
	(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

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

**A. Hennie, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 4th St SW  
 A608  
 City Washington State DC Zip Code 20024-2251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Head of Gov Affairs, OSS & Emerg Bus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2022  
**Transaction ID : PR2622507980520**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Foster, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 W Periwinkle Way  
 City Chandler State AZ Zip Code 85248-4263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Revenue & Operations Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2022  
**Transaction ID : PR2622508680520**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3513.80



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Adrian Smith For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3321 Avenue I  
Suite 6

M M M	/	D D D	/	Y Y Y Y Y
01		05		2022

City Scottsbluff State NE Zip Code 69361

FEC Identification Number

Purpose of Disbursement  
Contribution: Adrian Smith (R-3rd NE)

C	C00412890
---	-----------

Candidate Name  
**Smith, Adrian, , Rep.,**

011
Category/ Type

**Transaction ID : 85178635**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NE District: 03

Amount of Each Disbursement this Period
1000.00

Memo Item Contribution: Adrian Smith (R-3rd NE)

**B. Brian Higgins For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 28

M M M	/	D D D	/	Y Y Y Y Y
01		10		2022

City Buffalo State NY Zip Code 14220

FEC Identification Number

Purpose of Disbursement  
Contribution: Brian Higgins (D-26th NY)

C	C00401034
---	-----------

Candidate Name  
**Higgins, Brian, M., Rep.,**

011
Category/ Type

**Transaction ID : 85579221**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 26

Amount of Each Disbursement this Period
1000.00

Memo Item Contribution: Brian Higgins (D-26th NY)

**C. Maggie For NH**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 298

M M M	/	D D D	/	Y Y Y Y Y
01		11		2022

City Concord State NH Zip Code 03302

FEC Identification Number

Purpose of Disbursement  
Contribution: Maggie Hassan (D-NH)

C	C00588772
---	-----------

Candidate Name  
**Hassan, Margaret, , ,**

011
Category/ Type

**Transaction ID : 85579341**

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period
500.00

Memo Item Contribution: Maggie Hassan (D-NH)

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

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

2500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Varian Medical Systems, Inc. PAC ('Varian PAC')**

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address PO Box 9639

City  
Bowling Green

State  
KY

Zip Code  
42102

Purpose of Disbursement  
Contribution: Brett Guthrie (R-2nd KY)

011

Category/  
Type

Candidate Name

**Guthrie, Brett, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	2

FEC Identification Number

C C00445023

**Transaction ID : 85579456**

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution: Brett Guthrie (R-2nd KY)

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Mailing Address PO Box 841

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Contribution: John Thune (R-SD)

011

Category/  
Type

Candidate Name

**Thune, John, R., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	2

FEC Identification Number

C C00409581

**Transaction ID : 85579533**

Amount of Each Disbursement this Period

500.00

Memo Item Contribution: John Thune (R-SD)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

5000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Tran, Vy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 906 Golden Way

City Los Altos State CA Zip Code 94024-5056

Purpose of Disbursement partial refund of 2021 contributions

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2022

FEC Identification Number: C

Transaction ID : 85583150

Amount of Each Disbursement this Period: 460.00

partial refund of 2021 contributions

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	460.00
<b>TOTAL</b> This Period (last page this line number only).....▶	460.00