

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

525 9th Street, NW

Suite 450

(Check if address is changed)

Washington

DC

20004

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

varianpac@varian.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 16 / 2011

3. FEC IDENTIFICATION NUMBER

C C00450965

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maureen Zilly Tracy

Signature of Treasurer

Maureen Zilly Tracy

[Electronically Filed]

Date

11 / 16 / 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Varian Medical Systems, Inc.

Mailing Address 3100 Hansen Way

Palo Alto CA 94304

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Maureen Zilly Tracy

Mailing Address 525 9th Street, NW
Suite 450
Washington DC 20004

CITY STATE ZIP CODE

Treasurer Telephone number 202 629 3441

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Maureen Zilly Tracy

Mailing Address 525 9th Street, NW
Suite 450
Washington DC 20004

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 202 629 3441

Full Name of Designated Agent Franco Palomba
Mailing Address 3100 Hansen Way
Palo Alto CA 94304
CITY STATE ZIP CODE
Title or Position Assistant Treasurer Telephone number 650 424 5955

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First California Bank

Mailing Address 1880 Century Park East
Los Angeles CA 90067
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Bank of America

Mailing Address 1001 Pennsylvania Ave NW
Washington DC 20004
CITY STATE ZIP CODE

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

Form/Schedule: F1A
Transaction ID :

In response to the Commission's letter of November 9, 2011, this amendment is being filed to correct the full name of its connected organization in the name of the PAC.

Form/Schedule:
Transaction ID: