

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 Maureen Zilly Tracy


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

| L | $\begin{aligned} & \text { Office } \\ & \text { Use } \\ & \text { Only } \end{aligned}$ |  |  |  |  |  |  |  | FEC FORM 3X <br> Rev. 12/2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)

## Write or Type Committee Name <br> Varian Medical Systems, Inc. PAC ('Varian PAC')


6. (a) Cash on Hand January 1,

| Y- |
| :---: |
| 2012 |

$$
6940.15
$$

(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$

(c) Total Receipts (from Line 19) $\qquad$

$\square \quad 32891.00$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
23331.15
39831.15
7. Total Disbursements (from Line 31) $\qquad$
4000.00
20500.00


9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

Write or Type Committee Name
Varian Medical Systems, Inc. PAC ('Varian PAC')

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............

|  | 6490.00 |
| :---: | :---: |
|  | 876.00 |
|  | 7366.00 |
|  | 0.00 |
|  | 0.00 |


|  | 24835.00 |
| :---: | :---: |
|  | 8056.00 |
|  | ,$\quad 32891.00$ |
|  | 0.00 |
|  | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)


|  | 32891.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
0.00
0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds


| 0,000 |  |
| :--- | :--- |
|  | 0.00 |

(a) Non-Federal Account
(from Schedule H3) ............................

|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d),
$12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots . .$. $\square$
32891.00
20. Total Federal Receipts
(subtract Line 18(c) from Line 19) ......... $\downarrow$

$\square \quad 32891.00$

FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). s)..
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........
29. Other Disbursements $\qquad$
0.0 .00
$0,0.00$
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
..

| 0, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 2, | 0.00 |


31. Total Disbursements (add Lines 21(c), 22, $23,24,25,26,27,28(d), 29$ and $30(c)) .$.

20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

20500.00

DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## 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) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


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

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

FOR LINE NUMBER: $\quad$ PAGE 6 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)
A. Dow Wilson

Mailing Address 548 E Crescent

| City | State Zip Code <br> CA $94301-3107$ |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation COO |
|  | Aggregate Year-to-Date $4000.00$ |

Full Name (Last, First, Middle Initial)
B. Keith Askoff

Mailing Address 324 Mercy St.

| 26th Floor |  |
| :---: | :---: |
| City | State Zip Code |
| Mountain View | CA 94041 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Associate General Counsel |
|  | Aggregate Year-to-Date $460.00$ |

Full Name (Last, First, Middle Initial)
C. $\frac{\text { David Bisciotti }}{\text { Mailing Address } 5025 \text { Brent Knoll Ln }}$

| City Suwanee | State Zip Code <br> GA 30024 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Vice President |
|  | Aggregate Year-to-Date |

## Date of Receipt

| $\begin{gathered} M 11 \end{gathered}$ | $\begin{array}{\|c} D \quad D \\ 26 \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980198126002
Amount of Each Receipt this Period


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

| SUBTOTAL of Receipts This Page (optional)................................................................ | $4090.00$ |
| :---: | :---: |
| 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: $\quad$ PAGE 7 OF 18 (check only one)


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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')
Full Name (Last, First, Middle Initial)


Date of Receipt

| $11$ | $\begin{array}{\|c\|} \hline D C D \\ 26 \\ \hline \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980198226002
Amount of Each Receipt this Period
$\square 30.00$

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

## Full Name (Last, First, Middle Initial)

B. Gayle Cichocki

Mailing Address 386 Chadwick Cir

| City <br> Henderson | State | Zip Code |
| :--- | :--- | :--- |
| NV | 89014-4523 |  |

Date of Receipt


Transaction ID : PR1980198326002
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

C. Catherine Deluca

Mailing Address 304 Oconnor St

| City <br> Menlo Park | State Zip Code <br> CA $94025-2663$ |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Manager, Accounting |
|  | Aggregate Year-to-Date <br> 230.00 |

Date of Receipt

| $\begin{gathered} M 11 \end{gathered}$ |  | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980198426002
Amount of Each Receipt this Period
30.00

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

| SUBTOTAL of Receipts This Page (optional)................................................................. | $90.00$ |
| :---: | :---: |
| 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 OF 18 (check only one)


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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')
Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : PR1980198526002
Amount of Each Receipt this Period
$\square 150.00$

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Anna Emmons

Mailing Address 24 Aliso Wy

| City <br> Menlo Park | State Zip Code <br> CA 94028 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Human Resources |
|  | Aggregate Year-to-Date <br> 230.00 |

Date of Receipt


Transaction ID : PR1980198726002
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

C. Carlos Garces

Mailing Address 11760 NW 27th St

| City <br> Plantation | State <br> FL | Zip Code <br> 33323 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Varian Medical Systems | Customer Support Manager |  |
| Receipt For: |  |  |
| $\square$ Primary $\square$ General | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt

| $\begin{gathered} M 11 \end{gathered}$ |  | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980198826002
Amount of Each Receipt this Period


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

| SUBTOTAL of Receipts This Page (optional)................................................................ | $210.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | リ.\| |

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

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

FOR LINE NUMBER: $\quad$ PAGE 9 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : PR1980199026002
Amount of Each Receipt this Period
30.00

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

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

Mailing Address 322 Karen Av \#3006

| City <br> Las Vegas | State <br> NV |
| :--- | :--- |
| FEC ID number of contributing Code <br> federal political committee. | C |
| 89106 |  |



Transaction ID : PR1980199126002
Amount of Each Receipt this Period


P/R Deduction (\$30.00 Bi-Weekly)

Date of Receipt

| $\begin{gathered} \text { M M } \\ 11 \end{gathered}$ | $\begin{gathered} D \quad D \\ 26 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980199226002
Amount of Each Receipt this Period


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

| 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 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)
A. Theodore Jackson

Mailing Address 2142 Oak Forest Dr


Date of Receipt

| 11 | 26 | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980199326002
Amount of Each Receipt this Period
$\square 30.00$

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

Full Name (Last, First, Middle Initial)
B. Stacy June

Mailing Address 174 Mosby Woods Dr

| City | State Zip Code |
| :---: | :---: |
| Newnan | GA 30265 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation Manager II |
|  | Aggregate Year-to-Date $230.00$ |

Date of Receipt


Transaction ID : PR1980199426002
Amount of Each Receipt this Period


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

Full Name (Last, First, Middle Initial)
C. Mark Kaye

Mailing Address 1830 High Trail

| City <br> Atlanta | State <br> GA | Zip Code <br> 30339 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Varian Medical Systems | Director |  |

Date of Receipt

| $11$ | $\begin{array}{\|c\|} \hline D \quad D \\ 26 \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980199526002
Amount of Each Receipt this Period


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

| SUBTOTAL of Receipts This Page (optional)............................................................... | 5- 90.00 |
| :---: | :---: |
| 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 11 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : PR1980199626002
Amount of Each Receipt this Period
$\square 150.00$

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Stanley Mansfield

Mailing Address 1137 S Bernardo Ave

| $\overline{\text { City }}$ | State Zip Code |
| :---: | :---: |
| Sunnyvale | CA 94087-2057 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Sr Manager, Research Science |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : PR1980199726002
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

C. David Nisius

Mailing Address 315 Statford Rd

| City <br> Des Plaines | State <br> IL | Zip Code <br> 60016 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Varian Medical Systems | Engineer Manager |  |
| Receipt For: |  |  |
| $\square$ Primary $\square$ General |  |  |
| $\square$ Other (specify) $\nabla$ |  | 2300.00 |

Date of Receipt

| $11$ | $\begin{array}{\|c\|} \hline D \quad D \\ 26 \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980199826002
Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $480.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | リ.\| |

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

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

FOR LINE NUMBER: PAGE 12 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Init <br> A. Mary O'Byrne |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 290 Live Oak Ln |  |  |
| City <br> Los Altos | $\begin{aligned} & \text { Zip Code } \\ & 94022-2175 \end{aligned}$ | Transaction ID : PR1980199926002 |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | ( 30.00 |
| Name of Employer Varian Medical Systems | Occupation <br> VP, Associate General Counsel |  |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $\square$ <br> 230.00 |  |
| Full Name (Last, First, Middle Initial) <br> B. Alan Palter |  | Date of Receipt |
| Mailing Address 2035 Queens Lane |  |  |
| City <br> San Mateo | State Zip Code <br> CA 94402-3930 |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | $30.00$ |
| Name of Employer Varian Medical Systems | Occupation Senior Director | P/R Deduction (\$10.00 Bi-Weekly) |
|  | Aggregate Year-to-Date |  |
| Full Name (Last, First, Middle Initial) <br> C. Mark Patzer |  | Date of Receipt |
| Mailing Address 424 3rd Ln S |  |  |
| City <br> Kirkland | State Zip Code <br> WA $98033-6610$ |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | 75.00 |
| Name of Employer Varian Medical Systems | Occupation <br> Sales Representative | P/R Deduction (\$25.00 Bi-Weekly) |
|  | Aggregate Year-to-Date |  |
| SUBTOTAL of Receipts This Page (optional) <br> TOTAL This Period (last page this line number only) |  | $\square, \quad 135.00$ |
|  |  |  |  |

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

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

FOR LINE NUMBER: PAGE 13 OF 18 (check only one)


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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')
Full Name (Last, First, Middle Initial)

| Mailing Address 7910 Boothill Drive |  |
| :---: | :---: |
| City <br> Park City | State Zip Code <br> UT 84098 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Varian Medical Systems | Occupation <br> Sr Manager |
|  | Aggregate Year-to-Date $\square$ <br> 230.00 |

Date of Receipt


Transaction ID : PR1980200226002
Amount of Each Receipt this Period
30.00

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

Full Name (Last, First, Middle Initial)
B. Jeff Shue

Mailing Address 2721 NW 78th St

| City <br> Topeka | State Zip Code <br> KS 66618 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Product Spt Engineer IV |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : PR1980200526002
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

C. Stacy Stordahl

Mailing Address 2611 Ross Rd
$\left.\begin{array}{l|l|}\hline \begin{array}{l}\text { City } \\ \text { Chevy Chase }\end{array} & \begin{array}{l}\text { State } \\ \text { MD }\end{array}\end{array} \begin{array}{l}\text { Zip Code } \\ \text { 20815-3834 }\end{array}\right]$

Date of Receipt


Transaction ID : PR1980200626002
Amount of Each Receipt this Period


P/R Deduction (\$20.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $120.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | - , - , - \|r.|. |

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

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

FOR LINE NUMBER: PAGE 14 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)


Date of Receipt

| $11$ | $\begin{array}{\|c\|} \hline D C D \\ 26 \\ \hline \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980200726002
Amount of Each Receipt this Period
30.00

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

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

Mailing Address 10954 Stevens Canyon Rd

| City <br> Cupertino | State | Zip Code |
| :--- | :--- | :--- |
| CA | 95014-3944 |  |

Date of Receipt


Transaction ID : PR1980200826002
Amount of Each Receipt this Period


P/R Deduction (\$100.00 Bi-Weekly)

## Full Name (Last, First, Middle Initial)

C. Maureen Tracy

Mailing Address 520 N Charter Street

| City <br> Monticello | State Zip Code <br> IL 61856 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Varian Medical Systems | Occupation <br> Director Federal Affairs |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

## Date of Receipt



Transaction ID : PR1980200926002
Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $390.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | リ.\| |

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

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

FOR LINE NUMBER: PAGE 15 OF 18 (check only one)


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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')
Full Name (Last, First, Middle Initial)

| Mailing Address 753 Stendhal Ln |  |
| :---: | :---: |
| City Cupertino | State Zip Code <br> CA $95014-4658$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Director, Research Science |
|  | Aggregate Year-to-Date $\square$ <br> 230.00 |

Date of Receipt


Transaction ID : PR1980201026002
Amount of Each Receipt this Period
$\square 30.00$

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

## Full Name (Last, First, Middle Initial)

B. Andrew Whitman

Mailing Address 704 Hatherleigh Rd

| City <br> Baltimore | State <br> MD | Zip Code <br> 21212 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation <br> Varian Medical Systems | Aggre President |

Date of Receipt


Transaction ID : PR1980201226002
Amount of Each Receipt this Period


P/R Deduction (\$125.00 Bi-Weekly)

## Full Name (Last, First, Middle Initial)

C. Robert Wood

Mailing Address 56 Centennial Way

| City <br> San Ramon | State <br> CA | Zip Code <br> $94583-2615$ |
| :--- | :--- | :--- |
| FEC ID number of contributing | C |  |
| federal political committee. |  |  |

Date of Receipt


Transaction ID : PR1980201426002
Amount of Each Receipt this Period
030.00

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

| SUBTOTAL of Receipts This Page (optional)................................................................ | $435.00$ |
| :---: | :---: |
| 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 16 OF 18 (check only one)


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')
Full Name (Last, First, Middle Initial)

| Mailing Address 115 Carrisk Court |  |
| :---: | :---: |
| City Tyrone | State Zip Code <br> GA 30290 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Director |
|  | Aggregate Year-to-Date $\square$ <br> 460.00 |

Date of Receipt


Transaction ID : PR1980201526002
Amount of Each Receipt this Period
$\square 60.00$

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Julie Yuan

Mailing Address 816 Killarney Ct

| City <br> Sunnyvale | State <br> CA | Zip Code <br> $94087-4864$ |
| :--- | :--- | :--- |
| FEC ID number of contributing |  |  |
| federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Varian Medical Systems | Controller V |  |

Date of Receipt


Transaction ID : PR1980201626002
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

C. Corey Zankowski

Mailing Address 1641 Kirk Ct

| City | State Zip Code <br> CA $95124-4800$ |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> Sr Director |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : PR1980201726002
Amount of Each Receipt this Period


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

| 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 17 OF 18 (check only one)


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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')
Full Name (Last, First, Middle Initial)


Date of Receipt

| $11$ | $\begin{gathered} D \quad D \\ 26 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1980201826002
Amount of Each Receipt this Period
$\square 30.00$

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

Full Name (Last, First, Middle Initial)
B. Jon Hopkins

Mailing Address 1314 Featherwood Drive

| City <br> Murphy | State Zip Code <br> TX 75094 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Varian Medical Systems | Occupation <br> World Wide Sales - Particle Therapy |
|  | Aggregate Year-to-Date $350.00$ |

Date of Receipt


Transaction ID : PR2016511026002
Amount of Each Receipt this Period


P/R Deduction (\$50.00 Bi-Weekly)

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

| Mailing Address |
| :--- |
| City |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer |
| Receipt For:  <br> $\square$ Crimary Code <br> $\square$  <br> Other (specify) $\boldsymbol{\nabla}$  |

Date of Receipt


Amount of Each Receipt this Period


| SUBTOTAL of Receipts This Page (optional)................................................................ | $180.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | , 6490.00 |

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



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

## Full Name (Last, First, Middle Initial)

A. Benishek For Congress, Inc.

B. Brian Bilbray For Congress

C. Charles Boustany Jr. Md For Congress, Inc.

| Mailing Address PO Box 80126 |  |  |  |
| :--- | :---: | :---: | :---: |
| City <br> Lafayette | State <br> LA | Zip Code <br> 70598 |  |
| Purpose of Disbursement <br> Contribution: Charles Boustany (R-7th LA) |  | 011 |  |
| Candidate Name |  |  |  |
| Rep. Charles W. Boustany Jr. |  | Category/ <br> Type |  |



Date of Disbursement


## Transaction ID : 48889305

Amount of Each Disbursement this Period
$\square 2000.00$

Contribution: Charles Boustany (R-7th LA)


