

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) 525 9th Street, NW Suite 450 Washington DC 20004
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00450965 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special
Election on 11/06/2012 in the State of

5. Covering Period 10/01/2012 through 10/17/2012

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

Signature of Treasurer Maureen Zilly Tracy [Electronically Filed] Date 10/25/2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="6940.15"/>	<input type="text" value="6940.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6834.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="931.00"/>	<input type="text" value="17325.00"/>
(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="7765.15"/>	<input type="text" value="24265.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="16500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7765.15"/>	<input type="text" value="7765.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	610.00	10345.00
(ii) Unitemized	321.00	6980.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	931.00	17325.00
(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)	931.00	17325.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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))..... ▶	931.00	17325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	931.00	17325.00

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.....	0.00	16500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	0.00	16500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	16500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	931.00	17325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	931.00	17325.00
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 9
<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. Keith Askoff
Full Name (Last, First, Middle Initial)

Mailing Address 324 Mercy St.
26th Floor

City Mountain View State CA Zip Code 94041

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

Name of Employer Varian Medical Systems Occupation Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1833140625648

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 5250 S Rainbow Bl #1145

City Las Vegas State NV Zip Code 89118

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

Name of Employer Varian Medical Systems Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1980198525648

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 322 Karen Av #3006

City Las Vegas State NV Zip Code 89106

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

Name of Employer Varian Medical Systems Occupation Director, Worldwide Training and Educa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1980199125648

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 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: (check only one)	PAGE 7 OF 9
	<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')

Full Name (Last, First, Middle Initial)
A. Ching Clifton Ling

Mailing Address 345 E 69th Street, PH E

City State Zip Code
New York NY 10021-5595

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

Name of Employer Occupation
Varian Medical Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1980199625648

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 315 Stafford Rd

City State Zip Code
Des Plaines IL 60016

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

Name of Employer Occupation
Varian Medical Systems Engineer Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1980199825648

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 424 3rd Ln S

City State Zip Code
Kirkland WA 98033-6610

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

Name of Employer Occupation
Varian Medical Systems Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1980200125648

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
<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. Stacy Stordahl
Full Name (Last, First, Middle Initial)

Mailing Address 2611 Ross Rd

City Chevy Chase State MD Zip Code 20815-3834

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

Name of Employer Varian Medical Systems Occupation Director Policy & Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1980200625648

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 10954 Stevens Canyon Rd

City Cupertino State CA Zip Code 95014-3944

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

Name of Employer Varian Medical Systems Occupation Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1980200825648

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 520 N Charter Street

City Monticello State IL Zip Code 61856

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

Name of Employer Varian Medical Systems Occupation Director Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1980200925648

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andrew Whitman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 704 Hatherleigh Rd		Transaction ID : PR1980201225648
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Varian Medical Systems	Occupation Vice President	P/R Deduction (\$125.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Tammy Wotring		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 115 Carrisk Court		Transaction ID : PR1980201525648
City Tyrone	State GA	Zip Code 30290
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Varian Medical Systems	Occupation Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	610.00