

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 730
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)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
 - April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input checked="" type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on 11 / 08 / 2016 in the State of

- (d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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 Tracy, Zilly, , Maureen,

Signature of Treasurer Tracy, Zilly, , Maureen, [Electronically Filed] Date 10 / 27 / 2016

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)

Page 2

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="2016"/>	<input type="text" value="4205.59"/>	<input type="text" value="4205.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11581.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1242.00"/>	<input type="text" value="46579.50"/>
(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="12823.64"/>	<input type="text" value="50785.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9500.00"/>	<input type="text" value="47461.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3323.64"/>	<input type="text" value="3323.64"/>
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

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).....	1140.00	35745.00
(ii) Unitemized	102.00	10834.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1242.00	46579.50
(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)	1242.00	46579.50
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)).....▶	1242.00	46579.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1242.00	46579.50

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	461.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	461.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	47000.00
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	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 (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)) ..	9500.00	47461.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	47461.45

DETAILED SUMMARY PAGE
of Disbursements

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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)	1242.00	46579.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1242.00	46579.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	461.45
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	461.45

**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 24
	<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	

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. Askoff, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Mercy St.
 City Mountain View State CA Zip Code 94041-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1833140650561
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Bisciotti, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Providence Lake Point
 City Milton State GA Zip Code 30004-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198150561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Carlisle, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11714 Littler Rd
 City Sandy State UT Zip Code 84092-5762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	40.00
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 24
	<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	

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

A. Cichocki, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 386 Chadwick Cir
 City Henderson State NV Zip Code 89014-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) National Tech Supply Specialst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198350561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

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 ▼ 1050.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198450561
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Drubka, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198550561
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 24
	<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. Emmons, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Aliso Wy
 City Menlo Park State CA Zip Code 94028-7527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Division HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980198750561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Gemperline, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Chestnut Ct
 City Algonquin State IL Zip Code 60102-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SW Engineer IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199050561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Hurlock, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2045 Ashburton Way
 City Mount Pleasant State SC Zip Code 29466-6877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Manager, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 24
<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. Jackson, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2142 Oak Forest Dr
 City Ellicott City State MD Zip Code 21043-1966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Product Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199350561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. June, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 Mosby Woods Dr
 City Newnan State GA Zip Code 30265-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr III, CSS Project Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199450561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Kaye, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 High Trail
 City Atlanta State GA Zip Code 30339-8470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199550561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	30.00
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 10 OF 24
<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. Ling, Ching Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 E 69th Street
 P H E
 City New York State NY Zip Code 10021-5595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Advanced Clin Rsrch Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199650561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Mansfield, Stanley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1137 S Bernardo Ave
 City Sunnyvale State CA Zip Code 94087-2057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Manager, Research Science
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199750561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Nisius, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Statford Rd
 City Des Plaines State IL Zip Code 60016-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Engineer Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199850561
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 11 OF 24
	<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. O'Byrne, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 Live Oak Lane
 City Los Altos State CA Zip Code 94022-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980199950561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Palter, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2035 Queens Lane
 City San Mateo State CA Zip Code 94402-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980200050561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Patzer, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 3rd Lane South
 City Kirkland State WA Zip Code 98033-6610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980200150561
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 12 OF 24
<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. Petrillo, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7910 Boothill Drive
 City Park City State UT Zip Code 84098-5394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980200250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Shue, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2721 NW 78th St
 City Topeka State KS Zip Code 66618-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Product Spt Engineer IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980200550561
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Stordahl, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Varian Medical Systems Occupation (for Individual) Sr Dir, Reimb/Hlth Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980200650561
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
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 13 OF 24
<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. 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 ▼ 2625.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980201250561
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. Wood, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Centennial Way
 City San Ramon State CA Zip Code 94583-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Ops/Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980201450561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Yuan, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Killarney Ct
 City Sunnyvale State CA Zip Code 94087-4864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Controller V
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980201650561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 14 OF 24
<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. Zankowski, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Kirk Ct
 City San Jose State CA Zip Code 95124-4800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1980201750561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Denecour, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Coral Street
 City Pacific Grove State CA Zip Code 93950-2158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1981203650561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Star-Lack, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 Van Auken Circle
 City Palo Alto State CA Zip Code 94303-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Research Science
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1981204350561
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
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 15 OF 24
<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. Hopkins, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 783 Hernage Creek Rd
 City Eagle State CO Zip Code 81631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir, Global Prod Sls-SBU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2016511050561
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 675.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2016511150561
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Vansaun, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Daffodil Lane
 City Medway State MA Zip Code 02053-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2016511250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 16 OF 24
<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. Cheng, Lea-Phane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Kootenai Court
 City Fremont State CA Zip Code 94539-6807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Budget/Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021049250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Colbeth, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1243 Richardson Ave
 City Los Altos State CA Zip Code 94024-6034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, R&D & Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021049350561
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Hass, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 E Frisbie Way
 City Salina State KS Zip Code 67401-9261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Professional Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021049650561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 17 OF 24
<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. Joda, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5192 Independence Drive
 City Pleasanton State CA Zip Code 94566-7803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, OS Global Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021049750561
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Lerma, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42926 Joshua Tree Court
 City Murrieta State CA Zip Code 92562-8949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021049950561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Lindberg, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3162 Stardust Street
 City Rocklin State CA Zip Code 95677-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Dir, Prog/Proj Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021050050561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	40.00
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 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Prionas, Stavros, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Leland Ave
 City Menlo Park State CA Zip Code 94025-6163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Clinicl Trning Splst IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021050250561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ 420.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021050350561
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Tupikov, Vitali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Chester Ct West
 City Aurora State IL Zip Code 60504-5229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Electrical Engineer IV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2021050450561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 19 OF 24
	<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	

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

A. LaCasce, Carl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5074 Red Fox Court

City Park City	State UT	Zip Code 84098-7568
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) VP General Mgr
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2202643950561

Amount of Each Receipt this Period
50.00

Memo Item

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

B. Ryberg, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5410 Greenfield Way

City Pleasanton	State CA	Zip Code 94566-5416
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) VP, Global Supply Chain
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2202644250561

Amount of Each Receipt this Period
20.00

Memo Item

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

C. Suffoletta, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 Indian Home Rd.

City Danville	State CA	Zip Code 94526-4365
------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Director, Product Mktg
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2202644350561

Amount of Each Receipt this Period
10.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	80.00
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 20 OF 24
<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. Vertatschitsch, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Oakview Drive
 City San Carlos State CA Zip Code 94070-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2202644450561
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Zhang, Xiao, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 River Reserve Drive
 City Hartland State WI Zip Code 53029-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, General Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2202644450561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Davis, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6139 Puerto Drive
 City Rancho Murieta State CA Zip Code 95683-9320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sales Representative III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779150561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	60.00
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 21 OF 24
<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. Guest, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Thyme Cir
 City Richland State WA Zip Code 99352-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr III, Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779350561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Hyzak, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Vineyard Point Road
 City Guilford State CT Zip Code 06437-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Product Specialist IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779450561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Incorvia, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 918 Wyngate Ct.
 City Safety Harbor State FL Zip Code 34695-5650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779550561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	30.00
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 22 OF 24
	<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. Khuntia, Deepak, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1358 Country Club Drive
 City Los Altos State CA Zip Code 94024-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vp Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779650561
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Lippy, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3204 Jackson St.
 City Houston State TX Zip Code 77004-3034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir Field Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779750561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Loar, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Chelsea Green East
 City New Albany State OH Zip Code 43054-6017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Director, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779850561
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 23 OF 24
<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. Lowell, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 932 Covington Ct
 City Los Altos State CA Zip Code 94024-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362779950561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Wall, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9805 Withers Road
 City Charlotte State NC Zip Code 28278-6821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Professional Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2362780150561
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. 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 10 / 19 / 2016
Transaction ID : PR2485129350561
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	1140.00

**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 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. Kamala Harris Victory Fund

Full Name (Last, First, Middle Initial)

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution: Kamala Harris Victory Fund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

FEC Identification Number
C []
Transaction ID : 74052503
Amount of Each Disbursement this Period
[] 9500.00
Contribution: Kamala Harris Victory
 Memo Item Fund

Category/Type
011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C []

Amount of Each Disbursement this Period
[]

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C []

Amount of Each Disbursement this Period
[]

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	9500.00