

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
Varian Medical Systems PAC

ADDRESS (number and street) 1212 S Victory Blvd
Check if different than previously reported. (ACC) Burbank CA 91502

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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

5. Covering Period 07 01 2008 through 09 30 2008

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 Kinde Durkee
Signature of Treasurer Electronically Filed by Kinde Durkee Date 10 14 2008

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

Office Use Only
FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>20675.00</td></tr></table>	20675.00	<table border="1" style="width: 100%;"><tr><td>20675.00</td></tr></table>	20675.00								
20675.00												
20675.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>20675.00</td></tr></table>	20675.00	<table border="1" style="width: 100%;"><tr><td>20675.00</td></tr></table>	20675.00								
20675.00												
20675.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>4000.00</td></tr></table>	4000.00	<table border="1" style="width: 100%;"><tr><td>4000.00</td></tr></table>	4000.00								
4000.00												
4000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>16675.00</td></tr></table>	16675.00	<table border="1" style="width: 100%;"><tr><td>16675.00</td></tr></table>	16675.00								
16675.00												
16675.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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 PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	19500.00	19500.00
(i) Itemized (use Schedule A)	1175.00	1175.00
(ii) Unitemized	20675.00	20675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20675.00	20675.00
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	.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 Committees00	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 Transfer (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))	20675.00	20675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20675.00	20675.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	20675.00	20675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20675.00	20675.00
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 / 13
	<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 PAC

A.

Full Name (Last, First, Middle Initial)
Lester D Boeh

Mailing Address 24 Elder Dr

City Belmont State CA Zip Code 94002

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

Name of Employer Varian Medical Systems Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 04 / 2008

Transaction ID: SA11ai00000000582278

Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
Jessica Denecour

Mailing Address 222 Ferndale Wy

City Redwood City State CA Zip Code 94062

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

Name of Employer Varian Medical Systems Inc Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2008

Transaction ID: SA11ai00000000587484

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Jessica Denecour

Mailing Address 222 Ferndale Wy

City Redwood City State CA Zip Code 94062

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

Name of Employer Varian Medical Systems Inc Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2008

Transaction ID: SA11ai00000000594064

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 7 / 13
(check only one)

<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 PAC

A.

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

Mailing Address 5250 S Rainbow Bl #1145

City State Zip Code
Las Vegas NV 89118

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

Name of Employer Occupation
Varian Medical Systems Inc General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: SA11ai00000000587485

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 5250 S Rainbow Bl #1145

City State Zip Code
Las Vegas NV 89118

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

Name of Employer Occupation
Varian Medical Systems Inc General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11ai00000000594081

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Elisha Finney

Mailing Address 5 Rockridge Rd

City State Zip Code
Hillsborough CA 94010

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

Name of Employer Occupation
Varian Medical Systems Inc Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: SA11ai00000000587475

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 13
	<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 PAC

A.

Full Name (Last, First, Middle Initial) Timothy E Guertin	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 23555 Mt Eden Rd	Transaction ID: SA11ai00000000582659
City State Zip Code Saratoga CA 95070	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.

Full Name (Last, First, Middle Initial) Robert Kluge	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 12 Wanderwood Wy	Transaction ID: SA11ai00000000594082
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.

Full Name (Last, First, Middle Initial) David Nisius	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 315 Statford Rd	Transaction ID: SA11ai00000000594084
City State Zip Code Des Plaines IL 60016	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems	Occupation Engineer Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	6250.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 9 / 13
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NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)
Alan Palter

Mailing Address 2035 Queens Ln

City State Zip Code
San Mateo CA 94402

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

Name of Employer Occupation
Alan Palter Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11ai00000000594103

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Larry Partain

Mailing Address 590 Milverton Rd

City State Zip Code
Los Altos CA 94022

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
M M / D D / Y Y Y Y
08 / 26 / 2008

Transaction ID: SA11ai00000000581143

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Wendy S Reitherman

Mailing Address 939 Santiago Av

City State Zip Code
Half Moon Bay CA 94019

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

Name of Employer Occupation
Varian Medical Systems Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2008

Transaction ID: SA11ai00000000584090

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 / 13
	<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 PAC

A. Full Name (Last, First, Middle Initial)
 John Thorson
 Mailing Address 127 Brookside Dr
 City State Zip Code
 Portola Valley CA 94028
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 8
Transaction ID: SA11ai00000000594087
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Thorson Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Gary Vishup
 Mailing Address 753 Stendhal Ln
 City State Zip Code
 Cupertino CA 95014
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 8 / 2 0 0 8
Transaction ID: SA11ai00000000582661
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City State Zip Code
 Baltimore MD 21212
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 8
Transaction ID: SA11ai00000000587473
 Amount of Each Receipt this Period
 3000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 / 13
	(check only one)	
<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dow R Wilson

Mailing Address 548 E Crescent Dr

City Palo Alto State CA Zip Code 94301

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

Name of Employer Varian Medical Systems Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11ai00000000584093

Amount of Each Receipt this Period
 1000.00

B.

Full Name (Last, First, Middle Initial)
Zane Wilson

Mailing Address 766 Maranello St

City Henderson State NV Zip Code 89052

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

Name of Employer Zane Wilson Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11ai00000000594089

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	19500.00

**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"/> 24	<input type="checkbox"/> 25	<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 PAC

A. Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson <hr/> Mailing Address PO Box 100 <hr/> City Bolton State MS Zip Code 39041 <hr/> Purpose of Disbursement Political Contribution Candidate Name Bennie Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB230000000000596929 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee <hr/> Mailing Address PO Box 1949 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement Political Contribution Candidate Name Dick Durbin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB230000000000596930 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address 201 Massachusetts Av NE #C3 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Political Contribution Candidate Name Susan Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB230000000000596931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 PAC

A.

Full Name (Last, First, Middle Initial)
Matheson For Congress

Transaction ID: SB230000000000596933

Date of Disbursement

Mailing Address 677 S 200 W #A

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Salt Lake City UT 84101

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
James Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: UT District: 02

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

4000.00
