

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
 Election on _____ in the State of _____
 (d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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 07 12 2011

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		3483.34
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	3483.34									
(c) Total Receipts (from Line 19)	8204.00	8204.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11687.34	11687.34								
7. Total Disbursements (from Line 31)	8930.49	8930.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2756.85	2756.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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: 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)	6830.00	6830.00
(ii) Unitemized	1374.00	1374.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8204.00	8204.00
(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)	8204.00	8204.00
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 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))	8204.00	8204.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8204.00	8204.00

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.....	930.49	930.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	930.49	930.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8000.00	8000.00
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))..	8930.49	8930.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8930.49	8930.49

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	8204.00	8204.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8204.00	8204.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	930.49	930.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	930.49	930.49

**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 / 45
	<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)
 Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **01 / 13 / 2011**

Transaction ID: SA11ai00000000783812

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **01 / 27 / 2011**

Transaction ID: SA11ai00000000787747

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **02 / 10 / 2011**

Transaction ID: SA11ai00000000791253

Amount of Each Receipt this Period: **20.00**

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: PAGE 7 / 45
(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)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

FEC ID number of contributing federal political committee. C

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11ai00000000793693

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

FEC ID number of contributing federal political committee. C

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11ai00000000795678

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

FEC ID number of contributing federal political committee. C

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11ai00000000797449

Amount of Each Receipt this Period 20.00

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: PAGE 8 / 45
(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)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11ai00000000799246

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11ai00000000801431

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: SA11ai00000000803438

Amount of Each Receipt this Period
20.00

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 9 / 45
	<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)
 Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **05 / 19 / 2011**

Transaction ID: SA11ai00000000805410

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **06 / 03 / 2011**

Transaction ID: SA11ai00000000807668

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **06 / 16 / 2011**

Transaction ID: SA11ai00000000809935

Amount of Each Receipt this Period: **20.00**

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: PAGE 10 / 45
(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)
Keith G Askoff

Mailing Address 324 Mercy St.

City State Zip Code
Mountain View CA 94041

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

Name of Employer: Varian Medical Systems Inc
Occupation: Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11ai00000000812028

Amount of Each Receipt this Period
20.00

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: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: SA11ai00000000783814

Amount of Each Receipt this Period
50.00

C.

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: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: SA11ai00000000787749

Amount of Each Receipt this Period
50.00

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 11 / 45
	<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		Date of Receipt
	Mailing Address 5250 S Rainbow Bl #1145		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Las Vegas	NV	89118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000791255
Name of Employer Varian Medical Systems Inc		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 650.00	

B.	Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
	Mailing Address 5250 S Rainbow Bl #1145		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	Las Vegas	NV	89118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000793695
Name of Employer Varian Medical Systems Inc		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 650.00	

C.	Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
	Mailing Address 5250 S Rainbow Bl #1145		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Las Vegas	NV	89118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000795680
Name of Employer Varian Medical Systems Inc		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 650.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 45
	<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	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000797451
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000799248
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000801433
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 45
(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: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt: 05 / 09 / 2011
Transaction ID: SA11ai00000000803440
Amount of Each Receipt this Period: 50.00

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: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: SA11ai00000000805416
Amount of Each Receipt this Period: 50.00

C.

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: Varian Medical Systems Inc
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11ai00000000807670
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 45
	<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) Robert Drubka	Date of Receipt MM / DD / YYYY 06 / 16 / 2011
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000809938
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Robert Drubka	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 5250 S Rainbow Bl #1145	Transaction ID: SA11ai00000000812033
	City State Zip Code Las Vegas NV 89118	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt MM / DD / YYYY 01 / 13 / 2011
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000783817
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Occupation: Director, World Wide Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 45
(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)
Jon Hollon

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, World Wide Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 27 / 2011

Transaction ID: SA11ai00000000787752

Amount of Each Receipt this Period: 50.00

B.

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

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, World Wide Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 10 / 2011

Transaction ID: SA11ai00000000791258

Amount of Each Receipt this Period: 50.00

C.

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

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, World Wide Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 24 / 2011

Transaction ID: SA11ai00000000793700

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 45
(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

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)
Jon Hollon

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

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

Name of Employer Occupation
Varian Medical Systems Director, World Wide Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11ai00000000795683

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 322 Karen Av #3006

City State Zip Code
Las Vegas NV 89106

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

Name of Employer Occupation
Varian Medical Systems Director, World Wide Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11ai00000000797454

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 345 E 69th St

City State Zip Code
New York NY 10021

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: SA11ai00000000783821

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45
(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

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)
Ching Clifton Ling

Mailing Address 345 E 69th St

City State Zip Code
New York NY 10021

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: SA11ai00000000787756

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 345 E 69th St

City State Zip Code
New York NY 10021

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11ai00000000791262

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 345 E 69th St

City State Zip Code
New York NY 10021

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11ai00000000795687

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 45
	<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)
 Ching Clifton Ling

Mailing Address 345 E 69th St

City State Zip Code
 New York NY 10021

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 ▼ 550.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: SA11ai00000000799254
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 345 E 69th St

City State Zip Code
 New York NY 10021

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 ▼ 550.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: SA11ai00000000801439
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 345 E 69th St

City State Zip Code
 New York NY 10021

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 ▼ 550.00

Date of Receipt: 05 / 09 / 2011
Transaction ID: SA11ai00000000803446
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<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) Ching Clifton Ling		Date of Receipt
	Mailing Address 345 E 69th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000805422
Name of Employer Varian Medical Systems		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

B.	Full Name (Last, First, Middle Initial) Ching Clifton Ling		Date of Receipt
	Mailing Address 345 E 69th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000807676
Name of Employer Varian Medical Systems		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

C.	Full Name (Last, First, Middle Initial) Ching Clifton Ling		Date of Receipt
	Mailing Address 345 E 69th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000809944
Name of Employer Varian Medical Systems		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 45
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Ching Clifton Ling

Mailing Address 345 E 69th St

City State Zip Code
New York NY 10021

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11ai00000000812044

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: SA11ai00000000783822

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: SA11ai00000000787757

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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 21 / 45
(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)
David Nisius

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11ai00000000791263

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11ai00000000793705

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11ai00000000795688

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 22 / 45
(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

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)
David Nisius

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11ai00000000797459

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11ai00000000799255

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11ai00000000801440

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 23 / 45

(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

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)
David Nisius

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt 05 / 09 / 2011

Transaction ID: SA11ai00000000803447

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt 05 / 19 / 2011

Transaction ID: SA11ai00000000805424

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt 06 / 03 / 2011

Transaction ID: SA11ai00000000807677

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

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 24 / 45
(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)
David Nisius

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11ai00000000809945

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 315 Statford 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11ai00000000812045

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City State Zip Code
Hillsborough CA 94010

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

Name of Employer Occupation
Varian Medical Systems Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: SA11ai00000000783825

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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 25 / 45
(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

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)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 01 / 27 / 2011
Transaction ID: SA11ai00000000787760
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 02 / 10 / 2011
Transaction ID: SA11ai00000000791267
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 02 / 24 / 2011
Transaction ID: SA11ai00000000793708
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 26 / 45
	<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)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 03 / 10 / 2011

Transaction ID: SA11ai00000000795691

Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 03 / 24 / 2011

Transaction ID: SA11ai00000000797462

Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 04 / 07 / 2011

Transaction ID: SA11ai00000000799258

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 27 / 45
	<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)
 Richard Reeves
 Mailing Address 500 El Arroyo Rd
 City Hillsborough State CA Zip Code 94010
 Date of Receipt MM / DD / YYYY: 04 / 21 / 2011
Transaction ID: SA11ai00000000801443
 Amount of Each Receipt this Period: 25.00
 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: 325.00

B. Full Name (Last, First, Middle Initial)
 Richard Reeves
 Mailing Address 500 El Arroyo Rd
 City Hillsborough State CA Zip Code 94010
 Date of Receipt MM / DD / YYYY: 05 / 09 / 2011
Transaction ID: SA11ai00000000803450
 Amount of Each Receipt this Period: 25.00
 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: 325.00

C. Full Name (Last, First, Middle Initial)
 Richard Reeves
 Mailing Address 500 El Arroyo Rd
 City Hillsborough State CA Zip Code 94010
 Date of Receipt MM / DD / YYYY: 05 / 19 / 2011
Transaction ID: SA11ai00000000805429
 Amount of Each Receipt this Period: 25.00
 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: 325.00

SUBTOTAL of Receipts This Page (optional) **75.00**
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 28 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11ai00000000807680
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
 Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11ai00000000809948
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
 Richard Reeves

Mailing Address 500 El Arroyo Rd

City Hillsborough State CA Zip Code 94010

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 ▼ 325.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11ai00000000812056
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 29 / 45
(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

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)
Tracy Ting

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 01 / 13 / 2011
Transaction ID: SA11ai00000000783826
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 01 / 27 / 2011
Transaction ID: SA11ai00000000787761
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 02 / 10 / 2011
Transaction ID: SA11ai00000000791268
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 30 / 45
(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

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)
Tracy Ting

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11ai00000000793709

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11ai00000000795693

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11ai00000000797463

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 31 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Tracy Ting
 Mailing Address 10954 Stevens Cyn Rd
 City State Zip Code
 Cupertino CA 95014
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 1 1
Transaction ID: SA11ai00000000799259
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Senior Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

B. Full Name (Last, First, Middle Initial)
 Tracy Ting
 Mailing Address 10954 Stevens Cyn Rd
 City State Zip Code
 Cupertino CA 95014
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 1 1
Transaction ID: SA11ai00000000801444
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Senior Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

C. Full Name (Last, First, Middle Initial)
 Tracy Ting
 Mailing Address 10954 Stevens Cyn Rd
 City State Zip Code
 Cupertino CA 95014
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 1 1
Transaction ID: SA11ai00000000803451
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Senior Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00
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 32 / 45
(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)
Tracy Ting

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: SA11ai00000000805430
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11ai00000000807681
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer: Varian Medical Systems
Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11ai00000000809949
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 33 / 45
	<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) Tracy Ting		Date of Receipt
	Mailing Address 10954 Stevens Cyn Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Cupertino	CA	95014
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000812058
Name of Employer Varian Medical Systems		Occupation Senior Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1300.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
	Mailing Address 1214 Portner Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000783827
Name of Employer Varian Medical Systems		Occupation Director, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 520.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
	Mailing Address 1214 Portner Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11ai00000000787762
Name of Employer Varian Medical Systems		Occupation Director, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 520.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 180.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 45
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Maureen Tracy

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000791270

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
40.00

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 ▼ 520.00

B.

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

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000793710

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
40.00

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 ▼ 520.00

C.

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

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000795694

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
40.00

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 ▼ 520.00

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 35 / 45
	<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) Maureen Tracy		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
Mailing Address 1214 Portner Rd		Transaction ID: SA11ai00000000797464
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt MM / DD / YYYY 04 / 07 / 2011
Mailing Address 1214 Portner Rd		Transaction ID: SA11ai00000000799260
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt MM / DD / YYYY 04 / 21 / 2011
Mailing Address 1214 Portner Rd		Transaction ID: SA11ai00000000801445
City Alexandria	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 36 / 45
	(check only one)	
	<input checked="" 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)
Maureen Tracy

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 1 1

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000803452

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
 40.00

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 ▼
 520.00

B.

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

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 1 1

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000805431

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
 40.00

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 ▼
 520.00

C.

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

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 3 / 2 0 1 1

Mailing Address 1214 Portner Rd

Transaction ID: SA11ai00000000807682

City Alexandria State VA Zip Code 22314

Amount of Each Receipt this Period
 40.00

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 ▼
 520.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 45
(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)
Maureen Tracy

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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 ▼ 520.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11ai00000000809950
Amount of Each Receipt this Period: 40.00

B.

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

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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 ▼ 520.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11ai00000000812059
Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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 ▼ 1625.00

Date of Receipt: 01 / 13 / 2011
Transaction ID: SA11ai00000000783829
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 205.00

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 38 / 45
(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)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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 ▼
1625.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: SA11ai00000000787764

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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 ▼
1625.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11ai00000000791273

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Andrew M Whitman

Mailing Address 704 Hatherleigh Rd

City State Zip Code
Baltimore MD 21212

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 ▼
1625.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11ai00000000793712

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 39 / 45
	<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) Andrew M Whitman	Date of Receipt MM / DD / YYYY 03 / 10 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000795696
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

B.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000797466
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

C.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000799262
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

SUBTOTAL of Receipts This Page (optional)	375.00
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 40 / 45
	<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) Andrew M Whitman	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000801447
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

B.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 05 / 09 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000803454
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

C.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000805434
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

SUBTOTAL of Receipts This Page (optional)	▶	375.00
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 41 / 45
	<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) Andrew M Whitman	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000807684
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

B.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 06 / 16 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000809952
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

C.	Full Name (Last, First, Middle Initial) Andrew M Whitman	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 704 Hatherleigh Rd	Transaction ID: SA11ai00000000812062
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	6830.00

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)

PAGE 42 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Professional accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b000000000785234</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="472.08"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Professional accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b000000000798624</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="280.74"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Professional accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21b000000000802530</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.85"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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 43 / 45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)
Durkee & Associates

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Professional accounting services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b00000000807081

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

92.82

SUBTOTAL of Disbursements This Page (optional)

92.82

TOTAL This Period (last page this line number only)

930.49

**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

<p>A. Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address 7840 Red Leaf Dr.</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p>	<p>Transaction ID: SB23000000000792740</p> <p>Date of Disbursement 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Majority To Keep Electing Republicans Fund A.K.A. Mike R. Fund</p> <p>Mailing Address Po Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name Majority To Keep Electing Republicans Fund A.K.A. Mike R. Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB23000000000801281</p> <p>Date of Disbursement 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address 677 S 200 W #A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name James Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p>	<p>Transaction ID: SB23000000000790409</p> <p>Date of Disbursement 02 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 45 / 45

<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) Roskam For Congress Mailing Address 528 Pennsylvania Ave City Wheaton State IL Zip Code 60187 Purpose of Disbursement Political contribution Candidate Name Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000795976 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Stabenow For US Senate Mailing Address PO Box 4945 City East Lansing State MI Zip Code 48826 Purpose of Disbursement Political contribution Candidate Name Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000809850 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

8000.00