07/13/2011 18:20

Image# 11931814854

FEC FORM 3X

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		(Offic	e L	Jse	Onl	у					
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	A (<i>A</i>		ND	EC)							

1.	NAME OF COMMITTEE (in full)		Example:If typing, type over the lines		
L	Varian Medical Systems PAC	; 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	
1					.
AD	DRESS (number and street)	1212 S Victory Blvd			
	Check if different than previously reported. (ACC)	Burbank		CA 915	02 -
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ▲		STATE A ZI	PCODE A
	C00450965	3. IS THI REPO		AMENDED (A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Feb 20 (N		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15	Apr 20 (N	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q July 15 Quarterly Report(Q	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report(Q	Report for the:	Convention (12C)	Special (12G)	
	January 31 Quarterly Report(Y				the state of
	X July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -Election	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Report for the: Election on			the state of
5.	Covering Period 0	01 2011	through 0 6	30 2011	
	ertify that I have examined this loe or Print Name of Treasurer	Report and to the best of my knowled Kinde Durkee	ge and belief it is true, correct	and complete.	
		nically Filed by Kinde Durkee		Date 07 12	2011
NC	OTE : Submission of false, error	neous, or incomplete information may	subject the person signing th	1 1	
	Use Only				FORM 3X 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name Varian Medical Systems PAC

FEC Form 3X (Rev. 02/2003)

I	Report Covering the Period: From:	01 2011	To: 0 6 3 0 Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		3483.34
	(b) Cash on Hand at Begining 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

0.00

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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period:

м м 0 1

From:

D D D

Y Y W Y 2011

To:

м м 0 6 ^D 3 0

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8204.00	8204.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8204.00	8204.00
Total Federal Receipts (subtract Line 18(c) from Line 19)	8204.00	8204.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11. Operating Expenditures:	Total Tillo I criou	Guicilda Fear to Bate		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(II) N. 5 1 1 2	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		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	8000.00	8000.00		
and Other Political Committees4. Independent Expenditure	8000.00	8000.00		
(use Schedule E)	0.00	0.00		
5. Coordinated Expenditures Made by Party				
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
8. Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
That I shilled committees	2.22	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
(add 11100 20(d), (3), and (0))				
9. Other Disbursements	0.00	0.00		
O. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Enderal Election Activity (b) Shared Enderal Election Activity (c) Shared Enderal Election Activity (d) Shared Enderal Election Activity (e) Shared Enderal Election Activity (f) Shared Enderal Election Activity (f) Shared Enderal Election Activity (f) Shared Enderal Election Activity (g) Shared Enderal Election Enderal Election Activity (g) Shared Enderal Election Ender Election Election Ender Election Election Ender Election Election Ender Election E				
(a) Shared Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(i) i sasiai sitais				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00		
31. Total Disbursements (add Lines 21(c), 22,	9020.40	9000 40		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8930.49	8930.49		
20 Tatal Fadayal Diahuya				
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 				
from Line 31)	8930.49	8930.49		
11 O.11 En 10 O 1 /	0000.40	3330.43		

DETAILED SUMMARY PAGE

of Disbursements

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

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ontributions (other than loans) ne 11(d), page 3)	8204.00	8204.00
	ontribution Refunds ine 28(d))	0.00	0.00
	ntributions (other than loans) ct Line 34 from Line 33)	8204.00	8204.00
	ederal Operating Expenditures ne 21(a)(i) and Line 21(b))	930.49	930.49
	to Operating Expenditures ine 15, page 3)	0.00	0.00
•	erating Expenditures ct Line 37 from Line 36)	930.49	930.49

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City Mountain View FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State Zip Code CA 94041 C Occupation Associate General Counsel Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City Mountain View FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State Zip Code CA 94041 C Occupation Associate General Counsel Aggregate Year-to-Date 260.00	Date of Receipt M M M / 27 / 2011 Transaction ID: SA11ai00000000787747 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City Mountain View FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State Zip Code CA 94041 C Occupation Associate General Counsel Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) >	60.00

Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
/ varian Medical Systems PAC		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City Mountain View FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc	State Zip Code CA 94041 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Associate General Counsel Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mountain View FEC ID number of contributing federal political committee.	State Zip Code CA 94041	Transaction ID: SA11ai00000000795678 Amount of Each Receipt this Period 20.00
Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼	Occupation Associate General Counsel Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Mountain View	State Zip Code CA 94041	Transaction ID: SA11ai0000000797449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	20.00
Varian Medical Systems Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Associate General Counsel Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)	60.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Varian Medical Systems PAC		,,,	
	Full Name (Last, First, Middle Initial) Keith G Askoff			Date of Receipt
•	Mailing Address 324 Mercy St.			0 4 0 7 2 0 1 1
	City Mountain View	State CA	Zip Code 94041	Transaction ID: SA11ai0000000079924 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Varian Medical Systems Inc	Occupation Associate	n e General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
. –	Full Name (Last, First, Middle Initial) Keith G Askoff	1		Date of Receipt
	Mailing Address 324 Mercy St.			0 4 2 1 Y Y Y Y Y
	City Mountain View	State CA	Zip Code 94041	Transaction ID: SA11ai000000008014 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34041	20.00
	Name of Employer Varian Medical Systems Inc	Occupation	n e General Counsel	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 260.00	
	Full Name (Last, First, Middle Initial) Keith G Askoff			Date of Receipt
	Mailing Address 324 Mercy St.			0 5 0 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11ai000000008034
	Mountain View FEC ID number of contributing	CA	94041	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Varian Medical Systems Inc	Occupation Associate	n e General Counsel	
	Receipt For: Primary General Other (specify) ▼	_	Year-to-Date ▼ 260.00	
	SUBTOTAL of Receipts This Page (optional)	1		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(0	OR LINE heck only	y one			PAG 11c 15		/ 45 12 16	17
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	tatements may name and add	rnot be sold or used by any persi dress of any political committee to	on fo	r the purp cit contrib	oose	of so ns fro	liciting m suc	g cont ch cor	tribut mmit	tions tee.	
 	Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City Mountain View FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc	State CA C Occupation Associate	Zip Code 94041		Date of 0 5	/ ction	1 1D:		1ai00	2 0 0000 s Per		
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
3.	Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St.				Date of 0 6	_	D	D /	Y		ү ү) 1 1	
	City	State	Zip Code		Transa							307668
	Mountain View FEC ID number of contributing federal political committee.	CA	94041		Amoun	t of E	Each	Rece	pt this	-	riod 0.00	1
	Name of Employer Varian Medical Systems Inc	Occupation Associate	n e General Counsel									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
_	Full Name (Last, First, Middle Initial) Keith G Askoff				Date of	Rec	eipt					
	Mailing Address 324 Mercy St.				м м 0 6		,1	6 /	Y	2 0) 1 1	
	City Mountain View	State CA	Zip Code 94041		Transa Amoun							30993
	FEC ID number of contributing federal political committee.	C	34041		Amoun	IL OI E	Lacii	nece	pt tris	-	0.00	
	Name of Employer Varian Medical Systems Inc	Occupation Associate	e General Counsel									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
[SUBTOTAL of Receipts This Page (optional))	<u> </u>				·		60	0.00	·
\vdash	TOTAL This Period (last page this line number of			<u>_</u> ▶								

SCHEDULE A (FEC Form 32 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	nd Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith G Askoff Mailing Address 324 Mercy St. City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Mountain View FEC ID number of contributing federal political committee.	CA 94041	Amount of Each Receipt this Period 20.00
Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼	Occupation Associate General Counsel Aggregate Year-to-Date 260.00	
Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow B	#1145	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai00000000783814
Las Vegas FEC ID number of contributing federal political committee.	NV 89118	Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
Mailing Address 5250 S Rainbow B	#1145	01 27 2011
City	State Zip Code	Transaction ID: SA11ai0000000078774
Las Vegas FEC ID number of contributing federal political committee.	NV 89118	Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (options	al)	120.00
TOTAL This Period (last page this line num	aber only)	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	
Varian Medical Systems PAC		
Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow Bl	#41.4E	Date of Receipt
	#1145	02 10 2011
City	State Zip Code NV 89118	Transaction ID: SA11ai000000007912
Las Vegas FEC ID number of contributing federal political committee.	NV 89118	Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation	
Receipt For:	General Manager	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
Mailing Address 5250 S Rainbow Bl	#1145	02 24 2011
City	State Zip Code	Transaction ID: SA11ai000000007936
Las Vegas	NV 89118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	650.00	
Full Name (Last, First, Middle Initial) Robert Drubka	- I	Date of Receipt
Mailing Address 5250 S Rainbow Bl	#1145	03 10 2011
City	State Zip Code	Transaction ID: SA11ai000000007956
Las Vegas	NV 89118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	
		150.00
SUBTOTAL of Receipts This Page (optional	d)	150.00

Las Vegas	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Rebert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code Las Vegas NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Manager Receipt For: Receipt For: Receipt For: Primary General Manager Receipt For: Receipt For: Receip	NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
Primary General Other (specify) ▼ 650.00 Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code Las Vegas NV 89118 FEC ID number of contributing federal political committee. C Occupation General Manager Receipt For: Primary General Other (specify) ▼ 650.00 Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code Las Vegas NV 89118 FEC ID number of contributing federal political committee. C Date of Receipt Date of Receipt Transaction ID: SA11ai00000000798 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000801 Transaction ID: SA11ai00000000801 Transaction ID: SA11ai00000000801 Amount of Each Receipt this Period C State Zip Code NV 89118 FEC ID number of contributing federal political committee. C State Zip Code NV 89118 FEC ID number of contributing General Manager Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1 City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc	State Zip Code NV 89118 C Occupation General Manager	Transaction ID: SA11ai0000000079745 Amount of Each Receipt this Period
City State Zip Code NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼ Pagregate Vear-to-Date ▼ Culty State Zip Code NV 89118 Date of Receipt this Period Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code NV 89118 Date of Receipt M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Drubka	650.00	╡ '
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code Las Vegas NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Manager Aggregate Year-to-Date ▼ Transaction ID: SA11ai00000000801 Amount of Each Receipt this Period Coccupation General Manager Receipt For: Primary General Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	City	State Zip Code	0 4 0 7 2 0 1 1 Transaction ID: SA11ai0000000079924
Varian Medical Systems Inc General Manager Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1145 City State Zip Code NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Manager Aggregate Year-to-Date ▼ Occupation General Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼	FEC ID number of contributing federal political committee.	C	
Mailing Address 5250 S Rainbow BI #1145 City State Zip Code Las Vegas NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼ Date of Receipt M M / D D / 2 1 / 2 0 1 1 Transaction ID: SA11ai000000000801 Amount of Each Receipt this Period 50.00	Receipt For: Primary General	General Manager Aggregate Year-to-Date ▼	
City Las Vegas NV 89118 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary Other (specify) ▼ Page 12 2011 Transaction ID: SA11ai00000000801 Amount of Each Receipt this Period 50.00 Amount of Each Receipt this Period 50.00	Robert Drubka	145	╡
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) Occupation General Manager Aggregate Year-to-Date 650.00			
Receipt For: Primary General Other (specify) General Other (specify)	FEC ID number of contributing		
Primary General Other (specify) ▼ 650.00	Name of Employer Varian Medical Systems Inc	·	_
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 45 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persithe name and address of any political committee to	
NAME OF COMMITTEE (In Full) Varian Medical Systems PAC		
Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
Mailing Address 5250 S Rainbow BI		05 09 2011
City <u>Las Vegas</u>	State Zip Code NV 89118	Transaction ID: SA11ai00000000803440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI	#1145	Date of Receipt
City	State Zip Code	05 19 2011
Las Vegas	NV 89118	Transaction ID: SA11ai0000000080541 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
Mailing Address 5250 S Rainbow Bl	#1145	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai0000000080767
Las Vegas FEC ID number of contributing federal political committee.	NV 89118	Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional	l)	150.00
TOTAL This Period (last page this line numl		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	atements ma name and ad	y not be sold or used by any persidress of any political committee to	
۱.	Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1	145		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Las Vegas	State NV	Zip Code 89118	Transaction ID: SA11ai00000000809938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼		Manager e Year-to-Date ▼ 650.00	
3.	Full Name (Last, First, Middle Initial) Robert Drubka Mailing Address 5250 S Rainbow BI #1	145		Date of Receipt 0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11ai00000000812033
	Las Vegas	NV	89118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Varian Medical Systems Inc		Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
).	Full Name (Last, First, Middle Initial) Jon Hollon			Date of Receipt
	Mailing Address 322 Karen Av #3006			01 13 2011
	City	State	Zip Code	Transaction ID: SA11ai00000000783817
	Las Vegas FEC ID number of contributing federal political committee.	C	89106	Amount of Each Receipt this Period 50.00
	Name of Employer Varian Medical Systems	Occupatio Director.	n World Wide Training	
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number of	only)		

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 Full Name (Last, First, Middle Initial) Joh Holton Mailing Address 322 Karen Av #3006 City State Zip Code Las Vegas NV 89106 FEC ID number of contributing federal political committee. Ccupation Director, World Wide Training Receipt For: Primary General Other (specify) ▼ 300.00 FEC ID number of contributing federal political committee. City State Zip Code Name (Last, First, Middle Initial) Joh Holton Mailing Address 322 Karen Av #3006 City State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. C State Zip Code NV 89106 FEC ID number of contributing federal political committee. Date of Receipt Solution Solution ID: SA11 ali0000000079125 Amount of Each Receipt Initial Solution Solution ID: SA11 ali0000000079125 Amount of Each Receipt Initial Solution ID: SA11 ali00000000079125 Amount of Each Receipt Initial Solution ID: SA11 ali000000000000000000000000000000000000		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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Address 322 Karen Av #3006 City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Primary City State Zip Code NV 89106 C C C C Date of Receipt Amount of Each Receipt this Period Director, World Wide Training Receipt For: Primary General Other (specify) C Date of Receipt Transaction ID: SA11ai0000000079125 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000079125 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000079370 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000079370 Amount of Each Receipt this Period C Name of Employer Varian Medical Systems C Occupation Director, World Wide Training Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggre	_	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00]
Las Vegas FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006 FEC ID number of contributing federal Other (specify) ▼ Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Primary General Occupation Director, World Wide Training Receipt Transaction ID: SA11ai0000000079370 Amount of Each Receipt this Period Transaction ID: SA11ai0000000079370 Amount of Each Receipt this Period Transaction ID: SA11ai0000000079370 Amount of Each Receipt this Period Transaction ID: SA0.00	3.	Jon Hollon			M M / D D / Y Y Y Y
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Date of Receipt Mailing Address 322 Karen Av #3006 City State Zip Code Las Vegas NV 89106 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt Transaction ID: SA11ai0000000079370 Amount of Each Receipt this Period C State Zip Code NV 89106 C Amount of Each Receipt this Period Transaction ID: SA11ai0000000079370 Amount of Each Receipt this Period 50.00		Receipt For: Primary General	Director,	World Wide Training • Year-to-Date ▼	
City State Zip Code NV 89106 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼ State Zip Code NV 89106 Transaction ID: SA11ai000000079370 Amount of Each Receipt this Period 50.00 Amount of Each Receipt this Period 50.00	_ :.	Jon Hollon			M M / D D / Y Y Y Y
Name of Employer Varian Medical Systems Occupation Director, World Wide Training Receipt For:		Las Vegas FEC ID number of contributing	NV	•	Transaction ID: SA11ai00000000793700 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Occupatio		_
SUBTOTAL of Receipts This Page (optional)		Primary General	-	e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006 City	State	Zip Code	Date of Receipt M
	Las Vegas FEC ID number of contributing federal political committee.	NV C	89106	Amount of Each Receipt this Period 50.00
	Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)		world Wide Training e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006			Date of Receipt 0 3 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11ai0000000079745
	Las Vegas FEC ID number of contributing federal political committee.	C	89106	Amount of Each Receipt this Period 50.00
	Name of Employer Varian Medical Systems Receipt For: Primary General		world Wide Training e Year-to-Date ▼	
_	Other (specify) Full Name (Last, First, Middle Initial)	0 0	300.00	
	Ching Clifton Ling Mailing Address 345 E 69th St			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10021	Transaction ID: SA11ai0000000078382
	FEC ID number of contributing federal political committee.	C	10021	Amount of Each Receipt this Period 50.00
	Name of Employer Varian Medical Systems	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/45 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Varian Medical Systems PAC			
	Full Name (Last, First, Middle Initial) Ching Clifton Ling			Date of Receipt
•	Mailing Address 345 E 69th St			01 27 2011
	City New York	State NY	Zip Code 10021	Transaction ID: SA11ai0000000078775 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Varian Medical Systems	Occupatio Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
-	Full Name (Last, First, Middle Initial) Ching Clifton Ling	-		Date of Receipt
	Mailing Address 345 E 69th St			0 2 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10021	Transaction ID: SA11ai000000007912 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Varian Medical Systems	Occupatio Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) Ching Clifton Ling	1		Date of Receipt
•	Mailing Address 345 E 69th St			0 3 1 0 2 0 1 1
	City New York	State NY	Zip Code 10021	Transaction ID: SA11ai000000007956
	FEC ID number of contributing federal political committee.	C	10021	Amount of Each Receipt this Period 50.00
	Name of Employer Varian Medical Systems	Occupatio Director	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			150.00

Any information copied from such Reports and Statements may not be sold or use or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) Varian Medical Systems PAC 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. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City State Zip Code New York NY 10021	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
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. Name of Employer Varian Medical Systems C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City State Zip Code	
Ching Clifton Ling Mailing Address 345 E 69th St City State Zip Code	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	Date of Receipt M M 2 1 2 0 1 1
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. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) General Other (specify)	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 45 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any pers e name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City New York FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code NY 10021 C Occupation Director Aggregate Year-to-Date 550.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 1 9 2 0 1 1 Transaction ID: SA11ai0000000080542 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City New York FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For:	State Zip Code NY 10021 C Occupation Director Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 6
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10021	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		150.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ching Clifton Ling Mailing Address 345 E 69th St City New York FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code NY 10021 C Occupation Director Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11ai00000000812044 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code IL 60016 C Occupation Engineer Manager Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 3 2 0 1 1 Transaction ID: SA11ai00000000783822 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code IL 60016 C Occupation Engineer Manager Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	250.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For:	State Zip Code IL 60016 C Occupation Engineer Manager	Date of Receipt M M
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd		Date of Receipt 0 2
City	State Zip Code	Transaction ID: SA11ai0000000079370
Des Plaines	IL 60016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Varian Medical Systems	Occupation Engineer Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) David Nisius		Date of Receipt
Mailing Address 315 Statford Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai0000000079568
Des Plaines	IL 60016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Varian Medical Systems	Occupation Engineer Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Any information capled from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from or 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 Full Name (Last, First, Middle Initial) David Nistus Mailing Address 315 Statford Rd City State Zip Code IL 60016 FEC ID number of contributing federal political committee. Cuptain Name (Last, First, Middle Initial) David Nistus Receipt For: Primary General Other (specify) ▼ 1300.00 Date of Receipt Transaction ID: SA11ai000000000797. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Transaction ID: SA11ai00000000793. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11ai000000000793. Amount of Each Receipt this Period Transaction ID: SA11ai000000000801. Amount of Each Receipt this Period Transaction ID: SA11ai00000000801. Amount of Each Receipt this Period Transaction ID: SA11ai00000000801. Amount of Each Receipt this Period Transaction ID: SA11ai00000000801. Transaction ID: SA11ai00000000801. Amount of Each Receipt this Period Transaction ID: SA11ai000000000801. Amount of Each Receipt this Period Transaction ID: SA11ai00000000000000000000000000000000000		LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	I —				PAGE 11c	22 / 45 12 16	7 17
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Mailing Address 315 Statford Rd City State Zip Code IL 60016 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Figure State Zip Code IL 60016 Receipt For: Primary General Other (specify) ▼ Culty State Zip Code IL 60016 Transaction ID: SA11ai00000007992 Amount of Each Receipt this Period Date of Receipt For: Primary General I300.00 Date of Receipt For: Primary General IL 60016 Transaction ID: SA11ai00000000000000000000000000000000000	David Nisius Mailing Add City Des Plain FEC ID nun federal politi Name of En Varian Med Receipt For Prima	ress 315 Statford Rd es ploer of contributing ical committee. pployer ical Systems ry General	C Occupation Engineer	60016 Manager Year-to-Date ▼ 1300.00	0 Trai	3 nsacti	on ID:	2 4 SA1	1ai000 ipt this	2 0 1 1 00000079 Period	17459
David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	David Nisius Mailing Add City Des Plain FEC ID nun federal politi Name of En Varian Med Receipt For Prima	ress 315 Statford Rd es plees ployer ical Systems ry General	C Occupation Engineer	60016 Manager Year-to-Date ▼	0 Tra	4 nsacti	on ID:	7 SA1	1ai000 ipt this	2 0 1 1 00000079 Period	9255
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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) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any person e name and address of any political committee to	
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code IL 60016 C Occupation Engineer Manager Aggregate Year-to-Date 1300.00	Date of Receipt M
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code IL 60016 C Occupation Engineer Manager Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000805424 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City Des Plaines FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code IL 60016 C Occupation Engineer Manager Aggregate Year-to-Date 1300.00	Date of Receipt M M J D D J Z D 1 1 Transaction ID: SA11ai0000000080767 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	>	300.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd City	State Zip Code	Date of Receipt M M
Des Plaines FEC ID number of contributing federal political committee.	IL 60016	Amount of Each Receipt this Period
Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼	Occupation Engineer Manager Aggregate Year-to-Date 1300.00	
Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Des Plaines FEC ID number of contributing	State Zip Code IL 60016	Transaction ID: SA11ai0000000081204: Amount of Each Receipt this Period 100.00
Name of Employer Varian Medical Systems Receipt For: Primary General	Occupation Engineer Manager Aggregate Year-to-Date	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Reeves	1300.00	Date of Receipt
Mailing Address 500 El Arroyo Rd City	State Zip Code	0 1 1 3 2 0 1 1 Transaction ID: SA11ai0000000078382
Hillsborough FEC ID number of contributing federal political committee.	CA 94010	Amount of Each Receipt this Period 25.00
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)	225.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 EI Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 7 2 0 1 1 Transaction ID: SA11ai0000000078776 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee.	325.00 State Zip Code CA 94010	Date of Receipt M M M / D D / Y Y Y Y Y O 2
Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 45 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any perso e name and address of any political committee to	
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 EI Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11ai0000000079569 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11ai00000000797462 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CA 94010 C	Date of Receipt M M M / D D / Y Y Y Y Y O 4 0 7 2 0 1 1 Transaction ID: SA11ai0000000079925 Amount of Each Receipt this Period 25.00
Varian Medičal Systems Receipt For: Primary General Other (specify) ▼	Vice President Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	· ·	75.00

Mailing Address 500 El Arroyo Rd City State Zip Code CA 94010 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Full Name (Last, First, Middle Initial) Receipt His Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt His Period City State Zip Code CA 94010 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt Mailing Address 500 El Arroyo Rd City State Zip Code CA 94010 FeC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt Mailing Address 500 El Arroyo Rd City State Zip Code CA 94010 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Vice President C State Zip Code CA 94010 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Vice President Aggregate Year-to-Date ▼ Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Receipt Inia Period Transaction ID: SA11ai00000000 Amount of Each Rec	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Richard Reeves Mailing Address 500 El Arroyo Rd	NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personen name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Primary General Other (specify) ▼ 325.00 Date of Receipt	A. Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems	CA 94010 C Occupation Vice President	Transaction ID: SA11ai00000000080144
Mailing Address 500 El Arroyo Rd City State Zip Code CA 94010 FEC ID number of contributing federal political committee. Paris Mailing Address 500 El Arroyo Rd CC SA 94010 FEC ID number of contributing federal political committee. Primary General City State Zip Code CA 94010 FUI Name (Last, First, Middle Initial) City State Zip Code CA 94010 City State Zip Code CA 94010 Transaction ID: SA11ai00000000 Amount of Each Receipt this Period Date of Receipt M M M M M M M M M M M M M M M M M M M	Primary General Other (specify) ▼		
Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems C	Richard Reeves		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Occupation Vice President	City	•	Transaction ID: SA11ai0000000080345
Name of Employer Varian Medical Systems Cocupation	FEC ID number of contributing		
Receipt For: Primary General Aggregate Year-to-Date ▼ Other (specify) ▼ 325.00 Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City State Zip Code Transaction ID: SA11ai00000000 Hillsborough CA 94010 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Occupation Vice President Receipt For:	Name of Employer		
Primary General Other (specify) ▼ State Zip Code		Vice President	
Richard Reeves Mailing Address 500 El Arroyo Rd City State Zip Code Hillsborough CA 94010 FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11ai00000000 Amount of Each Receipt this Period 25.00	Primary General		
City Hillsborough CA 94010 State Zip Code CA 94010 Amount of Each Receipt this Period C Name of Employer Varian Medical Systems C C C C Aggregate Year-to-Date O 5 19 2 0 1 1 Transaction ID: SA11ai00000000 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date Other (specify) ▼ Aggregate Year-to-Date 325.00			Date of Receipt
Hillsborough CA 94010 Amount of Each Receipt this Period C 25.00 Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ 325.00			05 19 2011
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) Occupation Vice President Aggregate Year-to-Date 325.00	•	•	Transaction ID: SA11ai0000000080542
Varian Medical Systems Vice President Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	FEC ID number of contributing		Amount of Each Receipt this Period 25.00
Primary General Other (specify) ▼ 325.00	Name of Employer Varian Medical Systems	·	7
75.00	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		75.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000807680 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard Reeves Mailing Address 500 El Arroyo Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 94010 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn F	Statements may not be sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of any political committee to sold or used by any persone name and address of address of address of address of address	Date of Receipt
NAME OF COMMITTEE (In Full) Varian Medical Systems PAC Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn F	Rd	Date of Receipt
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn F		M M / D D / Y Y Y Y
Tracy Ting Mailing Address 10954 Stevens Cyn F		M M / D D / Y Y Y Y
City	State Zip Code	01 13 2011
		Transaction ID: SA11ai0000000078382
Cupertino	CA 95014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Varian Medical Systems	Occupation Senior Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Tracy Ting		Date of Receipt
Mailing Address 10954 Stevens Cyn F	Rd	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11ai0000000078776
Cupertino	CA 95014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Varian Medical Systems	Occupation Senior Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) Tracy Ting		Date of Receipt
Mailing Address 10954 Stevens Cyn F	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai0000000079126
Cupertino	CA 95014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Varian Medical Systems	Occupation Senior Director	
Receipt For:	Aggregate Year-to-Date ▼	.
Primary General Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional)		300.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any person the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 95014 C Occupation Senior Director Aggregate Year-to-Date 1300.00	Date of Receipt O 2
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For:		Date of Receipt O 3
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	·	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyr City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Other (specify)	State Zip Code CA 95014 C Occupation Senior Director Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11ai00000000799258 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyr City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 95014 C Occupation Senior Director Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 1 Transaction ID: SA11ai00000000801444 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyr City Cupertino FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code CA 95014 C Occupation Senior Director Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000803451 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional	l) >	300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn Rd City	I State	Zip Code	Date of Receipt M M
	Cupertino FEC ID number of contributing federal political committee.	CA	95014	Amount of Each Receipt this Period
	Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify) ▼	Occupation Senior D Aggregate		
Б.	Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn Rd			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11ai0000000080768
	Cupertino FEC ID number of contributing federal political committee.	CA	95014	Amount of Each Receipt this Period
	Name of Employer Varian Medical Systems	Occupatio Senior D		
	Receipt For: Primary General Other (specify) ▼	· ·	e Year-to-Date ▼ 1300.00	
с. С.	Full Name (Last, First, Middle Initial) Tracy Ting Mailing Address 10954 Stevens Cyn Rd		Date of Receipt	
	City	State	Zip Code	0 6 1 6 2 0 1 1 Transaction ID: SA11ai00000000080994
	Cupertino FEC ID number of contributing federal political committee.	CA	95014	Amount of Each Receipt this Period
	Name of Employer Varian Medical Systems	Occupatio Senior D		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1300.00	
	SUBTOTAL of Receipts This Page (optional)			300.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) Varian Medical Systems PA		y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init Tracy Ting Mailing Address 10954 Steve City Cupertino	,	Zip Code 95014	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	Occupation Senior D Aggregate		100.00
Full Name (Last, First, Middle Init Maureen Tracy Mailing Address 1214 Portne		Zip Code	Date of Receipt M M M
Alexandria FEC ID number of contributing federal political committee. Name of Employer	VA C Occupatio	22314	Amount of Each Receipt this Period 40.00
Varian Medical Systems Receipt For: Primary General Other (specify) ▼	Director,	Federal Affairs e Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Init Maureen Tracy Mailing Address 1214 Portne	,		Date of Receipt 0 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alexandria FEC ID number of contributing federal political committee.	State VA	Zip Code 22314	Transaction ID: SA11ai000000078776
Name of Employer Varian Medical Systems	Occupatio	n Federal Affairs	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page	optional)		180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	
Varian Medical Systems PAC		
Full Name (Last, First, Middle Initial) Maureen Tracy Mailing Address 1214 Portner Rd		Date of Receipt
City	State Zip Code	0 2 1 0 2 0 1 1 Transaction ID: SA11ai0000000007912
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
Mailing Address 1214 Portner Rd		02 24 2011
City	State Zip Code	Transaction ID: SA11ai000000007937
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Maureen Tracy	· · · · · · · · · · · · · · · · · · ·	
Mailing Address 1214 Portner Rd		03 10 2011
City	State Zip Code	Transaction ID: SA11ai000000007956
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
SUPTOTAL of Possints This Page (entional)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Maureen Tracy Mailing Address 1214 Portner Rd City Alexandria FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Director, Federal Affairs Aggregate Year-to-Date 520.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11ai00000000797464 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Maureen Tracy Mailing Address 1214 Portner Rd City Alexandria FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Director, Federal Affairs Aggregate Year-to-Date 520.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11ai00000000799260 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Maureen Tracy Mailing Address 1214 Portner Rd City Alexandria FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Director, Federal Affairs Aggregate Year-to-Date 520.00	Date of Receipt M M M / 21 / 2011 Transaction ID: SA11ai00000000801445 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	>	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	
Varian Medical Systems PAC		
Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
Mailing Address 1214 Portner Rd		05 09 2011
City <u>Alexandria</u>	State Zip Code VA 22314	Transaction ID: SA11ai000000008034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
Mailing Address 1214 Portner Rd		05 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai000000008054
Alexandria FEC ID number of contributing federal political committee.	VA 22314	Amount of Each Receipt this Period 40.00
Name of Employer Varian Medical Systems	Occupation Director, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Maureen Tracy		Date of Receipt
Mailing Address 1214 Portner Rd		0 6 0 3 2 0 1 1
City Alexandria	State Zip Code VA 22314	Transaction ID: SA11ai000000008076
FEC ID number of contributing federal political committee.	VA 22314	Amount of Each Receipt this Period 40.00
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)	1	120.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 45 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fig. Varian Medical Systems Fig. 1)	II)	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle I Maureen Tracy Mailing Address 1214 Portr City Alexandria FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary General Other (specify)	State VA C Occupatio Director, Aggregate	Federal Affairs e Year-to-Date ▼ 520.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000809950 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle I Maureen Tracy Mailing Address 1214 Ports City Alexandria FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems		Zip Code 22314	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Genera Other (specify)	Aggregate	Federal Affairs e Year-to-Date ▼ 520.00	Date of Brasies
Andrew M Whitman Mailing Address 704 Hathe City Baltimore FEC ID number of contributing federal political committee.	State MD	Zip Code 21212	Date of Receipt M M M
Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify) ▼			
SUBTOTAL of Receipts This Page	ge (optional)		205.00
TOTAL This Period (last page th	s line number only)		<u> </u>

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	d Statements may not be sold or used by any phe name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew M Whitman Mailing Address 704 Hatherleigh Rd City Baltimore	State Zip Code MD 21212	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 2 7 2 0 1 1 Transaction ID: SA11ai000000007877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc	Occupation	125.00
Receipt For: Primary General Other (specify)	Vice President Aggregate Year-to-Date ▼ 1625.00	
Full Name (Last, First, Middle Initial) Andrew M Whitman Mailing Address 704 Hatherleigh Rd		Date of Receipt Date of Receipt 0 2 1 0 2 2 0 1 1
City	State Zip Code	Transaction ID: SA11ai000000007912
Baltimore FEC ID number of contributing federal political committee.	MD 21212	Amount of Each Receipt this Period 125.00
Name of Employer Varian Medical Systems Inc	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
Full Name (Last, First, Middle Initial) Andrew M Whitman		Date of Receipt
Mailing Address 704 Hatherleigh Rd		0 2 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11ai000000007937
Baltimore FEC ID number of contributing federal political committee.	MD 21212	Amount of Each Receipt this Period 125.00
Name of Employer Varian Medical Systems Inc	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
SUBTOTAL of Receipts This Page (optional		375.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the	OR LINE NUMBER: PAGE 39 / 45 check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such For for commercial purposes, other to NAME OF COMMITTEE (In Fu Varian Medical Systems P.	•	used by any person fo litical committee to solid	r the purpose of soliciting contributions cit contributions from such committee.
Full Name (Last, First, Middle Ir Andrew M Whitman Mailing Address 704 Hather	eigh Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baltimore	State Zip Code MD 21212	_	Transaction ID: SA11ai00000000795696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Varian Medical Systems Inc	Occupation Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1625.00	
Full Name (Last, First, Middle Ir Andrew M Whitman Mailing Address 704 Hather	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11ai000000079746
Baltimore	MD 21212		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Varian Medical Systems Inc	Occupation Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1625.00	
Full Name (Last, First, Middle Ir Andrew M Whitman	tial)		Date of Receipt
Mailing Address 704 Hather			$ \begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & 0 & 1 & 1 \end{smallmatrix}] $
City Baltimore	State Zip Code MD 21212	_	Transaction ID: SA11ai0000000079926. Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Varian Medical Systems Inc	Occupation Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1625.00	
SUBTOTAL of Receipts This Pag	e (optional)		375.00
TOTAL This Period (last page this	line number only)	<u> </u>	

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(cl	OR LINE neck only 11a 13	one)	1b [: P/		40 / 45 12 16	17
or for commerc	n copied from such Reports and St ial purposes, other than using the COMMITTEE (In Full) adical Systems PAC	tatements may name and add	not be sold or used by any pers lress of any political committee t	son for to solic	the purp it contrib	ose of outions	f solid	citing c n such	ontrib comm	utions nittee.	
Andrew M W Mailing Add		Ctata	7in Codo		Date of	/ [2	<u> </u>	2	011	
	nber of contributing cal committee.	State MD	Zip Code 21212		Transac Amount				this P		
Name of Em Varian Medi Receipt For	nployer ical Systems Inc	Occupation Vice Pres					-				
Full Name (I Andrew M W Mailing Add					Date of 0 5		pt 0 9			011	Y
City Baltimore		State MD	Zip Code 21212		Transac		D : S	SA11a	i0000	00000	80345
FEC ID num	nber of contributing cal committee.	C							-	25.00	1
Name of Em Varian Medi	nployer ical Systems Inc	Occupation Vice Pres									
Receipt For Primal		Aggregate	Year-to-Date ▼ 1625.00								
Full Name (I	Last, First, Middle Initial) hitman				Date of	Recei	pt				
Mailing Add	ress 704 Hatherleigh Rd				05	J L	1 9	9	. 2	011	
City <u>Baltimore</u>		State MD	Zip Code 21212		Transac Amoun						80543
	nber of contributing cal committee.	C							12	25.00	
Name of Em Varian Medi	nployer ical Systems Inc	Occupation Vice Pres									
Receipt For: Prima Other		Aggregate	Year-to-Date ▼ 1625.00								
SUBTOTAL o	f Receipts This Page (optional)			>				•	37	75.00	•
TOTAL This F	Period (last page this line number o	only)		<u> </u>							

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Varian Medical Systems PAC	atements may name and add	y not be sold or used by any pers dress of any political committee to	
<u>/</u>	Full Name (Last, First, Middle Initial) Andrew M Whitman Mailing Address 704 Hatherleigh Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State MD C Occupatio Vice Pres		Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000807684 Amount of Each Receipt this Period 125.00
_	Full Name (Last, First, Middle Initial) Andrew M Whitman Mailing Address 704 Hatherleigh Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State MD C Occupation Vice Pres	Zip Code 21212	Date of Receipt M M D D 2 0 1 1 Transaction ID: SA11ai00000000809952 Amount of Each Receipt this Period 125.00
_ 	Full Name (Last, First, Middle Initial) Andrew M Whitman Mailing Address 704 Hatherleigh Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer Varian Medical Systems Inc Receipt For: Primary General Other (specify)	State MD C Occupatio Vice Pres		Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: SA11ai00000000812062 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)	I	6830.00

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В.

C.

SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (chas		NUMBER: PAGE 42 / 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Varian Medical Systems PAC			
Full Name (Last, First, Middle Initial) Durkee & Associates Mailing Address 1212 S. Victory Blvd.			Transaction ID: SB21b000000000785234 Date of Disbursement M
	State Zip Code CA 91502		Amount of Each Disbursement this Period
Purpose of Disbursement Professional accounting services Candidate Name		001 Category/	472.08
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Durkee & Associates			Transaction ID: SB21b00000000798624 Date of Disbursement
Mailing Address 1212 S. Victory Blvd.			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
•	State Zip Code CA 91502		Amount of Each Disbursement this Period
Purpose of Disbursement Professional accounting services Candidate Name		001 Category/	280.74
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Durkee & Associates			Transaction ID: SB21b000000000802530 Date of Disbursement
Mailing Address 1212 S. Victory Blvd.			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
	State Zip Code CA 91502		Amount of Each Disbursement this Period
Purpose of Disbursement Professional accounting services Candidate Name		001 Category/	84.85
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Type	
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		<u> </u>	837.67

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 43 / 45
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		23
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Varian Medical Systems PAC			
Full Name (Last, First, Middle Initial) Durkee & Associates Mailing Address 1212 S. Victory Blvd.			on ID: SB21b0000000000807081 sbursement
Burbank	State Zip Code CA 91502	Amount of	Each Disbursement this Period 92.82
Purpose of Disbursement Professional accounting services		001	92.02
Candidate Name	C	ategory/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	92.82
TOTAL This Period (last page this line number only)	—	930.49

		Use separate schedule(s	3)	(check	only o	one)						
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ĺ	22 28a	X 23 28		24 28c	\square	25 29	26
or f	/ Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)											
	Varian Medical Systems PAC											
	Full Name (Last, First, Middle Initial) Heller For Congress						saction of Disbu			0000	00000	0792
	Mailing Address 7840 Red Leaf Dr.					0 2	M /	^D 1 8	/ Y	ž) 1 1	Y
	City Las Vegas	State Zip Code NV 89131				Amou	ınt of Ea	ach Dis	sburse	ment	this Pe	eriod
	Purpose of Disbursement Political contribution			011		L.				150	0.00	
	Candidate Name Dean Heller		1	tegory/ Type								
	Office Sought: X House Senate President State: NV District: 02	oursement For: 2012 X Primary General Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Majority To Keep Electing Republicans R. Fund	Fund A.K.A. Mike				Date	saction of Disbu	ırseme				00801
	Mailing Address Po Box 2485					0 4	IVI /	18	ľĽ	2 () 1 1	
	City Springfield	State Zip Code VA 22152				Amou	ınt of Ea	ach Dis	sburse			eriod
	Purpose of Disbursement Political contribution			011		L.				150	0.00	
	Candidate Name Majority To Keep Electing Republicans Mike R. Fund Office Sought: House Dist Senate President State: District:	Fund A.K.A. Dursement For: Primary Other (specify)	1	tegory/ Type								
	Full Name (Last, First, Middle Initial) Matheson For Congress					Date	saction of Disbu	ırseme				_
	Mailing Address 677 S 200 W #A					0 2	M /	04	ľĽ	2 () 1 1	
	City Salt Lake City	State Zip Code UT 84101				Amou	ınt of Ea	ach Dis	sburse			eriod
	Purpose of Disbursement Political contribution		_	011						200	0.00	
	Candidate Name James Matheson			tegory/ Type								
	Senate President	oursement For: 2012 X Primary General Other (specify)										
	State: UT District: 02											

A.

В.

District:

State: MI

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or used be and address of any political co	y any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Varian Medical Systems PAC			
Full Name (Last, First, Middle Initial) Roskam For Congress			Transaction ID: SB230000000007959 Date of Disbursement
Mailing Address 528 Pennsylvania Ave			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} Y$
City Wheaton	State Zip Code IL 60187		Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution	Γ	011	1500.00
Candidate Name Peter Roskam		Category/ Type	
Office Sought: X House Disburse Senate President State: IL District: 06	ement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB2300000000008098
Stabenow For US Senate			Date of Disbursement
Mailing Address PO Box 4945			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 5 & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City East Lansing	State Zip Code MI 48826		Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution		011	1500.00
Candidate Name Debbie Stabenow		Category/ Type	
Office Sought: House Disburse X Senate X President	ement For: 2012 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3000.00
TOTAL This Period (last page this line number only)	•	8000.00