

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Varian Medical Systems, Inc. PAC ('Varian PAC')

ADDRESS (number and street) 801 Pennsylvania Avenue, NW  
Suite 730  
Washington DC 20004  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00450965 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of DC

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020 through 11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Whitman, Andrew, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Whitman, Andrew, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		29699.35
(b) Cash on Hand at Beginning of Reporting Period.....	31500.72	
(c) Total Receipts (from Line 19) .....	4367.40	32756.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35868.12	62455.85
7. Total Disbursements (from Line 31).....	4000.00	30587.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31868.12	31868.12
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4274.40	25138.00
(ii) Unitemized .....	93.00	7618.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4367.40	32756.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4367.40	32756.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4367.40	32756.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4367.40	32756.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	67.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	67.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	30000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	520.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	520.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4000.00	30587.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	30587.73

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4367.40	32756.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	520.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4367.40	32236.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	67.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	67.73

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Bisciotti, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Providence Lake Point

City Milton	State GA	Zip Code 30004-3481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) VP, Customer Service
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980198173799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

**B. Cichocki, Gayle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 386 Chadwick Cir

City Henderson	State NV	Zip Code 89014-4523
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) National Tech Supply Specialist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980198373799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

**C. Deluca, Catherine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Oconnor St

City Menlo Park	State CA	Zip Code 94025-2663
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Accountant V
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980198473799**

Amount of Each Receipt this Period  
150.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jackson, Theodore, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2142 Oak Forest Dr  
 City Ellicott City State MD Zip Code 21043-1966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Product Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980199373799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. June, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 174 Mosby Woods Dr  
 City Newnan State GA Zip Code 30265-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr III, CSS Project Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980199473799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Kaye, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1830 High Trail  
 City Atlanta State GA Zip Code 30339-8470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980199573799**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ling, Ching Clifton, Clifton, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 E 69th Street  
 PHE  
 City New York State NY Zip Code 10021-5595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Advanced Clin Rsrch Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980199673799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Patzer, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 424 3rd Lane South  
 City Kirkland State WA Zip Code 98033-6610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980200173799**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Shue, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2721 NW 78th St  
 City Topeka State KS Zip Code 66618-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Product Spt Engineer IV  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980200573799**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stordahl, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2611 Ross Rd  
 City Chevy Chase State MD Zip Code 20815-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Dir, Reimb/Hlth Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980200673799**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Tracy, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 N State Street  
 City Monticello State IL Zip Code 61856-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Executive Director, Access to Cancer C  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2825.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980200973799**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. Whitman, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 Hatherleigh Rd  
 City Baltimore State MD Zip Code 21212-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Vice President, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3548.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR1980201273799**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1026.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Wood, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 Centennial Way

City San Ramon	State CA	Zip Code 94583-2615
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) VP, Ops/Manufacturing
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980201473799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

**B. Wotring, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5025 Buds Farm Lane

City Franklin	State TN	Zip Code 37064-7637
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Sr Manager Strategic Solutions
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980201573799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

**C. Zankowski, Corey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1641 Kirk Ct

City San Jose	State CA	Zip Code 95124-4800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) VP Product Management
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR1980201773799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Hopkins, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 783 Hernage Creek Rd  
 City Eagle State CO Zip Code 81631-6143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir, Global Prod Sls-SBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2016511073799**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Kowal, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 Big Bend Cove  
 City Southlake State TX Zip Code 76092-6933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Domestic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2016511173799**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Hass, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 E Frisbie Way  
 City Salina State KS Zip Code 67401-9261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Professional Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2021049673799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Tran, Vy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 Golden Way  
 City Los Altos State CA Zip Code 94024-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 60.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2021050373799**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Ryberg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5410 Greenfield Way  
 City Pleasanton State CA Zip Code 94566-5416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Global Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2202644273799**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Zhang, Xiao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 River Reserve Drive  
 City Hartland State WI Zip Code 53029-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, General Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2202644573799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Guest, Trevor, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Thyme Cir

City Richland	State WA	Zip Code 99352-8510
------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Mgr III, Field Service
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.50

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		23		2020

**Transaction ID : PR2362779373799**

Amount of Each Receipt this Period  
37.50

Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**B. Incorvia, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 Wyngate Ct.

City Safety Harbor	State FL	Zip Code 34695-5650
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		23		2020

**Transaction ID : PR2362779573799**

Amount of Each Receipt this Period  
30.00

Memo Item

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

**C. Khuntia, Deepak, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1358 Country Club Drive

City Los Altos	State CA	Zip Code 94024-5302
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Vp Medical Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		23		2020

**Transaction ID : PR2362779673799**

Amount of Each Receipt this Period  
60.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Lippy, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3204 Jackson St.  
 City Houston State TX Zip Code 77004-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR236277973799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Wall, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9805 Withers Road  
 City Charlotte State NC Zip Code 28278-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr, Professional Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2362780173799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Cook, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 Westwood Ave.  
 City Alliance State OH Zip Code 44601-5743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II, Field Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2485129073799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Fullerton, Lani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14572 Grange Ville Blvd  
 City Hanford State CA Zip Code 93230-9112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Clinicl Implmnt Cnslt III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2485129173799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Kattmann, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7444 Plank Road  
 City Afton State VA Zip Code 22920-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Director, Prog/Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2485129273799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Toth, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 Coolidge Ave  
 City San Jose State CA Zip Code 95125-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) SVP, Regional Leader (AMER)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2485129373799**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Whittington, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Tributary Trail  
 City Falling Waters    State WV    Zip Code 25419-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems    Occupation (for Individual) Dir, Clinical Trng Spec  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2485129573799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Akbany, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2256 Cardinal Blvd.  
 City Carrollton    State TX    Zip Code 75010-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems    Occupation (for Individual) Director Sales  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498164973799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Brooks, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1813 Woodland Street  
 City Nashville    State TN    Zip Code 37206-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems    Occupation (for Individual) Sr Mgr Field Service  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165073799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Buzzutto, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Stillcreek Drive  
 City Franklin State TN Zip Code 37064-6764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165173799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Crews, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1193 Robbie Ct  
 City Deerfield State IL Zip Code 60015-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165273799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Davis, John Jr, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35211 St. Joe Road  
 City Dade City State FL Zip Code 33525-8162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sales Representative III  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165373799**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	660.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Earwicker, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Towell Lane  
 City Escondido State CA Zip Code 92029-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Dir Strtgc Bus Devel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165473799**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Gowda, Nanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3863 Irvington Avenue  
 City Miami State FL Zip Code 33133-6107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sales Representative IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165573799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Hotz, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 Eaker Way  
 City Antioch State CA Zip Code 94509-6542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP Field Service-Americas  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165773799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Konzem, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6233 Solomon Ct  
 City San Jose State CA Zip Code 95123-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr CSS Project Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498165973799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. McElvaney, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2839 Sarles Drive  
 City Yorktown Heights State NY Zip Code 10598-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Mgr II Clinical Trng Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498166073799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Snyder, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Hunters Mill Ln Woodstock  
 City Woodstock State GA Zip Code 30188-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Sr Mgr Installations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2498166273799**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hennie, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 4th St SW  
 A608  
 City Washington State DC Zip Code 20024-2251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Head of Gov Affairs, OSS & Emerg Bus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2622507973799**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Gong, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Carrie Lee Way  
 City San Jose State CA Zip Code 95118-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) HW Verification Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2622508173799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Foster, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 W Periwinkle Way  
 City Chandler State AZ Zip Code 85248-4263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) VP, Revenue & Operations Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 23 / 2020  
**Transaction ID : PR2622508673799**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
McEvoy, Tommy, , ,

Mailing Address 3828 Broadview Dr

City Cincinnati	State OH	Zip Code 45208-1948
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Director of Strategic Software Solutio
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

**Transaction ID : PR2622508873799**

Amount of Each Receipt this Period  
60.00

Memo Item

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

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4274.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Team Perdue**

Mailing Address c/o The Elevated Group, Suite 310  
410 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution: Team Perdue

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 83256355**  
Amount of Each Disbursement this Period

Memo Item Contribution: Team Perdue

Full Name (Last, First, Middle Initial)

**B. LaHood For Congress**

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Contribution: Darin LaHood (R-18th IL)

Category/  
Type

Candidate Name

**Lahood, Darin, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: IL District: 18

Date of Disbursement

/  /

FEC Identification Number

C00575050  
**Transaction ID : 83256356**  
Amount of Each Disbursement this Period

Memo Item Contribution: Darin LaHood (R-18th IL)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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