

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 12 30 2009

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Varian Medical Systems PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		9544.67
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	5376.05									
(c) Total Receipts (from Line 19) .....	5005.01	5830.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10381.06	15374.68								
7. Total Disbursements (from Line 31) .....	6745.25	11738.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3635.81	3635.81								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
 Varian Medical Systems PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5000.00	5500.00
(ii) Unitemized .....	0.00	325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5000.00	5825.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	5825.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	5.01	5.01
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5005.01	5830.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5005.01	5830.01

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	745.25	1738.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	745.25	1738.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6745.25	11738.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6745.25	11738.87

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5000.00	5825.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	5825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	745.25	1738.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5.01	5.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	740.24	1733.86

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 9	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial) Mark R Laret		Date of Receipt	
Mailing Address 220 Rancho Dr		M M / D D / Y Y Y Y 09 / 21 / 2009	
City	State	Zip Code	<b>Transaction ID:</b> SA11ai00000000668217
Tiburon	CA	94920	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		5000.00	
Name of Employer Varian Medical Systems	Occupation Director	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Varian Medical Systems PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b00000000675842 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2009
	Amount of Each Disbursement this Period 236.21
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b00000000675843 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2009
	Amount of Each Disbursement this Period 151.20
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21b00000000675844 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2009
	Amount of Each Disbursement this Period 188.90
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**576.31**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 9

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial)  
Durkee & Associates

Transaction ID: SB21b000000000675849

Date of Disbursement

Mailing Address 1212 S Victory Bl

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		2	1		2	0	0	9

City Burbank State CA Zip Code 91502

Amount of Each Disbursement this Period

74.33

Purpose of Disbursement  
Accounting

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

74.33

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

650.64

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Varian Medical Systems PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Berkley For Congress <hr/> Mailing Address 1210 S Valley View Bl #114 <hr/> City Las Vegas State NV Zip Code 89102 <hr/> Purpose of Disbursement Political Contribution Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000675848 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Dina Titus For Congress <hr/> Mailing Address PO Box 50614 <hr/> City Henderson State NV Zip Code 89016 <hr/> Purpose of Disbursement Political contribution Candidate Name Dina Titus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000676406 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Matheson For Congress <hr/> Mailing Address 677 S 200 W #A <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement Political Contribution Candidate Name James Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23000000000675845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6000.00