

**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 (12S)
 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 11 23 2010 through 12 31 2010

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 01 10 2011

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

Office Use Only								
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3635.81
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1767.79									
(c) Total Receipts (from Line 19)	2144.00	18209.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3911.79	21845.23								
7. Total Disbursements (from Line 31)	428.45	18361.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3483.34	3483.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
 Varian Medical Systems PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	1455.00	14725.00
(ii) Unitemized	689.00	3381.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2144.00	18106.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2144.00	18206.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	3.42
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2144.00	18209.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2144.00	18209.42

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.....	428.45	1361.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	428.45	1361.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17000.00
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))..	428.45	18361.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	428.45	18361.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 13

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)	2144.00	18206.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2144.00	18206.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	428.45	1361.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	428.45	1358.47

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

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A. Full Name (Last, First, Middle Initial)
 Keith G Askoff
 Mailing Address 324 Mercy St.
 City State Zip Code
 Mountain View CA 94041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 2 / 2 0 1 0
Transaction ID: SA11ai00000000778156
 Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
 Keith G Askoff
 Mailing Address 324 Mercy St.
 City State Zip Code
 Mountain View CA 94041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 1 0
Transaction ID: SA11ai00000000780000
 Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
 Keith G Askoff
 Mailing Address 324 Mercy St.
 City State Zip Code
 Mountain View CA 94041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 1 0
Transaction ID: SA11ai00000000782572
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

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

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

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NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A.

Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt MM / DD / YYYY 12 / 02 / 2010
Mailing Address 5250 S Rainbow Bl #1145		Transaction ID: SA11ai00000000778158
City Las Vegas	State Zip Code NV 89118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B.

Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 5250 S Rainbow Bl #1145		Transaction ID: SA11ai00000000780002
City Las Vegas	State Zip Code NV 89118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

C.

Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 5250 S Rainbow Bl #1145		Transaction ID: SA11ai00000000782574
City Las Vegas	State Zip Code NV 89118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Varian Medical Systems Inc	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt MM / DD / YYYY 12 / 02 / 2010
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000778161
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Occupation: Director, World Wide Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

B.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000780005
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Occupation: Director, World Wide Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

C.	Full Name (Last, First, Middle Initial) Jon Hollon	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 322 Karen Av #3006	Transaction ID: SA11ai00000000782578
	City State Zip Code Las Vegas NV 89106	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Varian Medical Systems Occupation: Director, World Wide Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

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

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NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

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

Mailing Address 315 Statford Rd

City State Zip Code
Des Plaines IL 60016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt M M / D D / Y Y Y Y
12 / 02 / 2010

Transaction ID: SA11ai00000000778165

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 315 Statford Rd

City State Zip Code
Des Plaines IL 60016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt M M / D D / Y Y Y Y
12 / 16 / 2010

Transaction ID: SA11ai00000000780009

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 315 Statford Rd

City State Zip Code
Des Plaines IL 60016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Varian Medical Systems Engineer Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt M M / D D / Y Y Y Y
12 / 30 / 2010

Transaction ID: SA11ai00000000782583

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13
(check only one)

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

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NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 17 / 2010

Transaction ID: SA11ai00000000780193

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 10954 Stevens Cyn Rd

City State Zip Code
Cupertino CA 95014

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

Name of Employer Occupation
Varian Medical Systems Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11ai00000000782587

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1214 Portner Rd

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Varian Medical Systems Director, Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11ai00000000778168

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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

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

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

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NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A.

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

Mailing Address 1214 Portner Rd

City State Zip Code
 Alexandria VA 22314

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

Name of Employer: Varian Medical Systems
 Occupation: Director, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 680.00

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

Transaction ID: SA11ai00000000780012

Amount of Each Receipt this Period
 40.00

B.

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

Mailing Address 1214 Portner Rd

City State Zip Code
 Alexandria VA 22314

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

Name of Employer: Varian Medical Systems
 Occupation: Director, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 680.00

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

Transaction ID: SA11ai00000000782588

Amount of Each Receipt this Period
 40.00

C.

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

Mailing Address 704 Hatherleigh Rd

City State Zip Code
 Baltimore MD 21212

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

Name of Employer: Varian Medical Systems Inc
 Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2125.00

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

Transaction ID: SA11ai00000000778171

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional) ► **205.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
 Varian Medical Systems PAC

A. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City State Zip Code
 Baltimore MD 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2125.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0
Transaction ID: SA11ai00000000780014
 Amount of Each Receipt this Period
 125.00

B. Full Name (Last, First, Middle Initial)
 Andrew M Whitman
 Mailing Address 704 Hatherleigh Rd
 City State Zip Code
 Baltimore MD 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Varian Medical Systems Inc Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2125.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 1 0
Transaction ID: SA11ai00000000782590
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional) ► 250.00
TOTAL This Period (last page this line number only) ► 1455.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)
Varian Medical Systems PAC

A.

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

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Professional accounting services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21b00000000778914

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

428.45

SUBTOTAL of Disbursements This Page (optional)

428.45

TOTAL This Period (last page this line number only)

428.45