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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Varian Medical Systems PAC 1 1 1 1 1 1212 S Victory Blvd ADDRESS (number and street) Check if different than previously Burbank CA 91502 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00450965 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kinde Durkee Type or Print Name of Treasurer Electronically Filed by Kinde Durkee 0 1 10 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/13

Write or Type Committee Name Varian Medical Systems PAC

FEC Form 3X (Rev. 02/2003)

" D 2010 11 23 2010 12 31 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 3635.81 January 1 (b) Cash on Hand at 1767.79 Begining of Reporting Period ..... 2144.00 18209.42 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 3911.79 21845.23 6(a) and 6(c) for Column B) ..... 428.45 18361.89 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 3483.34 3483.34 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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) 3 / 13

Write or Type Committee Name
Varian Medical Systems PAC

Report Covering the Period:

From:

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2010

-o.

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<sup>D</sup> 3 1

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than load     (a) Individuals/Persons Other			
Than Political Committe (i) Itemized (use Sche		1455.00	14725.00
(ii) Unitemized		689.00	3381.00
(iii) TOTAL (add Lines 11(a)(i) and (i	i)	2144.00	18106.00
(b) Political Party Committee		0.00	0.00
(c) Other Political Committee (such as PACs)(d) Total Contributions (add		0.00	100.00
11(a)(iii),(b) and (c)) (Ca Totals to Line 33, page		2144.00	18206.00
12. Transfers From Affiliated/Oth Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expend</li> </ol>		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, pag 16. Refunds of Contributions Ma		0.00	3.42
to Federal candidates and Oil Political Committees	her	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 Sched	ule H5)	0.00	0.00
(c) Total Transfer (add 18(a)	and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11 12, 13, 14, 15, 16, 17, and 18	· /	2144.00	18209.42
20. Total Federal Receipts (subtract Line 18(c) from Line	e 19)	2144.00	18209.42

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	428.45	1361.89
	Expenditures(c) Total Operating Expenditures	420.43	1301.89
	(add 21(a)(i), (a)(ii) and (b))	428.45	1361.89
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	17000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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
	(add Lines 20(a), (b), and (c))		
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)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	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

	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

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 / 13 (check only one)    X   11a
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 pers he name and address of any political committee to	
/		
Full Name (Last, First, Middle Initial) Keith G Askoff		Date of Receipt
Mailing Address 324 Mercy St.		12 02 2010
City Mountain View	State Zip Code CA 94041	Transaction ID: SA11ai000000007781  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 General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Keith G Askoff		Date of Receipt
Mailing Address 324 Mercy St.		12 16 2010
City Mountain View	State Zip Code CA 94041	Transaction ID: SA11ai000000007800
FEC ID number of contributing federal political committee.	C 94041	Amount of Each Receipt this Period  20.00
Name of Employer Varian Medical Systems Inc	Occupation Associate General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Keith G Askoff		Date of Receipt
Mailing Address 324 Mercy St.		1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11ai000000007825
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	Occupation Associate General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SURTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/13 (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 per name and address of any political committee	
Varian Medical Systems PAC		
Full Name (Last, First, Middle Initial) Robert Drubka  Mailing Address 5250 S Rainbow BI #	:1145	Date of Receipt
		12 02 2010
City Las Vegas	State Zip Code NV 89118	Transaction ID: SA11ai000000007781
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Robert Drubka  Mailing Address 5250 S Rainbow Bl #	:1145	Date of Receipt
- September 1920 S Hambow Bi 4	1140	12 16 2010
City	State Zip Code	Transaction ID: SA11ai000000007800
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	850.00	
Full Name (Last, First, Middle Initial) Robert Drubka		Date of Receipt
Mailing Address 5250 S Rainbow Bl #	1145	12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11ai000000007825
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 ▼  850.00	
OUDTOTAL of Describe This Described		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 8 / 13 (check only one)    X   11a
	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 pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006  City Las Vegas  FEC ID number of contributing	State NV	Zip Code 89106	Date of Receipt    M M M
	federal political committee.  Name of Employer Varian Medical Systems  Receipt For:  Primary  General  Other (specify) ▼		on World Wide Training e Year-to-Date ▼ 850.00	50.00
3.	Full Name (Last, First, Middle Initial) Jon Hollon Mailing Address 322 Karen Av #3006			Date of Receipt  1 2 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11ai00000000780009
	Las Vegas	NV	89106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Varian Medical Systems	Occupation Director.	n World Wide Training	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 850.00	
).	Full Name (Last, First, Middle Initial) Jon Hollon			Date of Receipt
•	Mailing Address 322 Karen Av #3006			12 30 2010
	City	State	Zip Code	Transaction ID: SA11ai00000000782578
	Las Vegas	NV	89106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Varian Medical Systems	Occupation Director,	n World Wide Training	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
İ	TOTAL This Period (last page this line number of	only)		

Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd  City State Des Plaines  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) David Nisius Mailing Address 315 Statford Rd  City State  IL  FEC ID number of contributing federal political committee.  C  State  L  C  C  C  C  C  C  C  C  C  C  C  C	Zip Code 60016	Date of Receipt    Date of Receipt
David Nisius  Mailing Address 315 Statford Rd  City State  Des Plaines IL  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) David Nisius  Mailing Address 315 Statford Rd  City State  IL  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) David Nisius  Mailing Address 315 Statford Rd  City State  IL  Full Name (Last, First, Middle Initial) David Nisius  Mailing Address 315 Statford Rd  City State IL  FEC ID number of contributing federal political committee.  Name of Employer  C C	60016 Manager	Transaction ID: SA11ai0000000077816  Amount of Each Receipt this Period
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd  City State Des Plaines  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) David Nisius  Mailing Address 315 Statford Rd  City Des Plaines  FEC ID number of contributing federal political committee.  C  State IL  C  C  C  C  C  C  C  C  C  C  C  C  C		
David Nisius  Mailing Address 315 Statford Rd  City State  Des Plaines IL  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) David Nisius  Mailing Address 315 Statford Rd  City State  Des Plaines  FEC ID number of contributing federal political committee.  Name of Employer  Occupatio  C C	1700.00	
Des Plaines  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) David Nisius Mailing Address 315 Statford Rd  City State Des Plaines  FEC ID number of contributing federal political committee.  Name of Employer  Occupatio  C C		Date of Receipt  1 2 1 6 2 0 1 0
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) David Nisius Mailing Address 315 Statford Rd  City State Des Plaines  FEC ID number of contributing federal political committee.  Name of Employer  Occupatio	Zip Code	Transaction ID: SA11ai0000000078000
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  Occupation Engineer  Aggregate  Aggregate  IL  State IL  C  C  Occupation  City Des Plaines  FEC ID number of contributing federal political committee.	60016	Amount of Each Receipt this Period
Varian Medical Systems  Receipt For: Primary General Other (specify) ▼  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  Engineer  Aggregate  Aggregate  Late  Aggregate  Late  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Full Name (Last, First, Middle Initial)  David Nisius  Mailing Address  IL  C  C  Occupatio		100.00
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) David Nisius Mailing Address 315 Statford Rd  City State Des Plaines IL  FEC ID number of contributing federal political committee.  Name of Employer  Aggregate  Aggregate  Last State IL  C		
Other (specify) ▼  Full Name (Last, First, Middle Initial) David Nisius  Mailing Address 315 Statford Rd  City State  Des Plaines IL  FEC ID number of contributing federal political committee.  Name of Employer Occupatio	Year-to-Date ▼	
David Nisius  Mailing Address 315 Statford Rd  City State  Des Plaines IL  FEC ID number of contributing federal political committee.  Name of Employer Occupatio	1700.00	
City State  Des Plaines IL  FEC ID number of contributing federal political committee.  Name of Employer Occupatio		Date of Receipt
Des Plaines  FEC ID number of contributing federal political committee.  Name of Employer  Occupatio		12 30 / Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Occupatio	Zip Code	Transaction ID: SA11ai0000000078258
federal political committee.  Name of Employer  Occupatio	60016	Amount of Each Receipt this Period
Name of Employer Occupatio		100.00
Varian Medical Systems Engineer		
Receipt For:  Primary  General  Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		-

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 13 (check only one)  X 11a 11b 11c 12 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	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) 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)	Rd  State Zip Code CA 95014  C  Occupation Senior Director  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M M
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)		Date of Receipt    M M
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   680.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	340.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 11 / 13 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Varian Medical Systems PAC	Statements may not be s ne name and address of a	old or used by any person ny political committee to s	
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	State Zip 0 VA 223  C  Occupation Director, Federal Aggregate Year-to-I	Affairs Date ▼	Date of Receipt  1 2 16 2010  Transaction ID: SA11ai000000078001  Amount of Each Receipt this Period  40.00
Other (specify)  Full Name (Last, First, Middle Initial) Maureen Tracy Mailing Address 1214 Portner Rd		680.00	Date of Receipt
City Alexandria FEC ID number of contributing federal political committee.	State Zip 0 VA 223	Code 14	Transaction ID: SA11ai0000000078258  Amount of Each Receipt this Period  40.00
Name of Employer Varian Medical Systems  Receipt For: Primary General Other (specify)	Occupation Director, Federal Aggregate Year-to-I		
Full Name (Last, First, Middle Initial) Andrew M Whitman  Mailing Address 704 Hatherleigh Rd			Date of Receipt
City Baltimore  FEC ID number of contributing federal political committee.	State Zip 0 MD 212	Code 12	1 2 0 2 2 0 1 0  Transaction ID: SA11ai0000000077817  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-I	Date ▼ 2125.00	
SUBTOTAL of Receipts This Page (optional	1		205.00

A.

В.

PAGE 12/13 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Andrew M Whitman Date of Receipt Mailing Address 704 Hatherleigh Rd 12 16 2010 City State Zip Code Transaction ID: SA11ai00000000780014 **Baltimore** MD 21212 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Varian Medical Systems Inc Occupation Vice President Receipt For: Aggregate Year-to-Date General Primary 2125.00 Other (specify) Full Name (Last, First, Middle Initial) Andrew M Whitman Date of Receipt Mailing Address 704 Hatherleigh Rd 30 2010 City State Zip Code Transaction ID: SA11ai00000000782590 **Baltimore** MD 21212 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Varian Medical Systems Inc Occupation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2125.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	1455.00

#### Image# 11930056919

State:

A.

District:

SCHEDULE B	(FEC Form	3X)				FOR LI	NE N	AII IIA	IRER				РΔ	GE 13	/ 13	
	•	' US		ite schedule(s) tegory of the	\ I	check		_		•			17	aL 10	/ 10	
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						27		2	За	2	:8b		28c	29		30b
Any Information copied or for commercial purp																
NAME OF COMM	ITTEE (In Full)															
Varian Medical	Systems PAC															
Full Name (Last, F	irst, Middle Initial)							Tr	ansa	ctio	n ID:	S	B21b	00000	0000	 77891
Durkee & Assoc	ciates								ate of							
Mailing Address	1212 S. Victor	ry Blvd.						-	<sup>M</sup> 2	/	<sup>D</sup> 0	6	/ Y	ž 0 1	0	
City Burbank		State CA		Zip Code 91502				Aı	noun	t of E	Each	Dis	burser	nent this	s Peri	od
Purpose of Disbur Professional accord				01002		01		L						428.	45	
Candidate Name	<u> </u>				Cat	egory/ ype	1									
Office Sought:	House	Disbursement	For:													
	Senate	Prim	ary	General												
	President	Othe	r (specif	fv)												

		429.45
SUBTOTAL of Disbursements This Page (optional)		428.45
TOTAL This Period (last page this line number only)	•	428.45