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04/15/2016 18 : 37

PAGE 1 / 9

	ID DISBL	F RECEIP JRSEMEN Authorized Comm	TS	0 //	
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT V	Example: If over the line		Office U	
Varian Medical Systems,	Inc. PAC ('Vari	an PAC')			
80)1 Pennsylvania Aven	ue, NW			
ADDRESS (number and street)	uite 730				
Check if different than previously reported. (ACC)	Vashington			DC 20004	
2. FEC IDENTIFICATION NUMB	ER 🔻	CITY 🔺	STA		ZIP CODE
C C00450965	3	REPORT X	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
× April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE -Election	Primary	(12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the		on (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	El	ection on	/ D D / Y	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio	on General	(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the	e: ection on	/ D D / Y	Y Y Y	in the State of
5. Covering Period	01 / Y Y 01 20	16 through	jh 03	D D / Y Y 31 201	6
I certify that I have examined this Re Type or Print Name of Treasurer M	eport and to the bes laureen Zilly Tracy	t of my knowledge a	nd belief it is true,	correct and comple	ie.
Type of Frink Maine of Heasule!	aaroon ziiiy 11doy				
Signature of Treasurer Maureen Z	iilly Tracy	[Electron	<i>cally Filed]</i> Date	e 04 / 15	
NOTE: Submission of false, erroneous,	or incomplete inform	nation may subject the	person signing this	Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OFFEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
١	Write or Type Committee Name		
	Varian Medical Systems, Inc. PAC (('Varian PAC')	
F	Report Covering the Period: From: 01	M / D D / Y Y Y Y 01 2016 T	o: 03 / 0 / Y Y Y Y 31 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		4205.59
	(b) Cash on Hand at Beginning of Reporting Period	4205.59	
	(c) Total Receipts (from Line 19)	8876.50	8876.50
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	13082.09	13082.09
7.	Total Disbursements (from Line 31)	30.00	30.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13052.09	13052.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	D. 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

×

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

R	eport Covering the Period: From: 01	/ D D / Y Y Y Y 01 2016 To:	03 / D D / Y Y Y Y 03 31 2016
	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)	4165.00	4165.00
	(ii) Unitemized	4711.50	4711.50
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	8876.50	8876.50
	(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)	8876.50	8876.50
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
12	All Loans Received	0.00	0.00
10.		7 7	
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		/7/7
	(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	7 7 7	
	(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),	2070 50	0076 50
	12, 13, 14, 15, 16, 17, and 18(c))►	8876.50	8876.50
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	8876.50	8876.50

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DETAILED SUMMARY PAGE

		COLUMN A	COLUMN B
	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
1. C (a	Derating 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
(t	, 1 5	30.00	30.00
(0	Expenditures) Total Operating Expenditures	7	
	(add 21(a)(i), (a)(ii), and (b)) ►	30.00	30.00
	ransfers to Affiliated/Other Party	0.00	0.00
. Č	contributions to		
	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	ndependent Expenditures use Schedule E)	0.00	0.00
. 0	oordinated Party Expenditures		
(L	2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
. 1	oan Repayments Made	0.00	0.00
	oans Made lefunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other Than Political Committees	0.00	0.00
(t		0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
	(7 /7 /7
(0	,	0.00	0.00
	(add Lines 28(a), (b), and (c))►		7 7 7
). O	other Disbursements	0.00	0.00
	adaral Election Activity (2,11,5,0,5421/20)		
,	ederal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity		
`	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(k	b) Federal Election Activity Paid Entirely		
1-	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00
(0	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
. т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	30.00	30.00
т	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	30.00	30.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	8876.50	8876.50
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	8876.50	8876.50
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	30.00	30.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	30.00

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

r for commercial purposes, o NAME OF COMMITTEE (Ir Varian Medical Systems Full Name (Last, First, Mide Catherine Deluca Mailing Address 304 Oconr City Menlo Park FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For:	ther than using the n Full) stems, Inc. PA dle Initial) nor St	name and ad	Zip Code 94025-2663		Date of	Rec / actic of E	ceipt 31 on ID : I	rom such	committe	Υ Υ		
r for commercial purposes, o NAME OF COMMITTEE (Ir Varian Medical Systems Full Name (Last, First, Mide Catherine Deluca Mailing Address 304 Oconr City Menlo Park FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger	ther than using the n Full) stems, Inc. PA dle Initial) nor St	AC ('Varia AC ('Varia State CA C Occupation Manager, Acc	In PAC') Zip Code 94025-2663		Date of 03 Transa	Rec / actic	ceipt 31 on ID : I	rom such / Y PR19801	committe	Υ Υ		
Varian Medical System Full Name (Last, First, Mide Catherine Deluca Mailing Address 304 Oconr City Menlo Park FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger	stems, Inc. PA	State CA Ccupation Manager, Acc	Zip Code 94025-2663	_ [03 Transa	/ actio of E	31 on ID : I	PR19801	2016 9844706			
Full Name (Last, First, Midd Catherine Deluca Mailing Address 304 Oconr City Menlo Park FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger	dle Initial) nor St ting	State CA Ccupation Manager, Acc	Zip Code 94025-2663	_ [03 Transa	/ actio of E	31 on ID : I	PR19801	2016 9844706			
Catherine Deluca Mailing Address 304 Oconr City Menlo Park FEC ID number of contribu federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger	ting	CA C Occupation Manager, Acc	94025-2663	_ [03 Transa	/ actio of E	31 on ID : I	PR19801	2016 9844706			
City Menlo Park FEC ID number of contribu federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger	ting	CA C Occupation Manager, Acc	94025-2663		03 <u>Transa</u> Amount	actio of E	31 on ID : I Each Re	PR19801	2016 9844706			
Menlo Park FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger		CA C Occupation Manager, Acc	94025-2663		Transa Amount	of E	on ID : I Each Re		9844706 [,]	1		
FEC ID number of contribut federal political committee. Name of Employer Varian Medical Systems Receipt For:		C Occupation Manager, Acc	counting		_			ceipt thi	s Period			
federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ger		Occupation Manager, Act	_		Men	no It	,	-	_			
Varian Medical Systems Receipt For:	ieral	Manager, Ac	_		Mem	10 lt	_	9	350.0			
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Receipt For:	ieral	Aggregate Y	/ear-to-Date ▼	·								
	leral											
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	1		350.00									
Full Name (Last, First, Mide Robert Drubka	dle Initial)	Date of Receipt										
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City Las Vegas		State	Zip Code 89118-0630					PR198019		1		
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FEC ID number of contribu federal political committee.	ting	С		- ļ	350.00							
Name of Employer		Occupation			Memo Item							
Varian Medical Systems		General Mana	ager									
Receipt For:		Aggregate Y	Year-to-Date ▼									
	neral		P/I	P/R Deduction (\$50.00 Bi-Weekly)								
Other (specify)		4	, 350.00									
Full Name (Last, First, Mide	dle Initial)				Date of	Rec	ceipt					
Mailing Address 315 Statfo	rd Rd				м м 03	/	31	/ Y	y y 2016	Y		
City		State	Zip Code		Transa	actio	on ID : I	PR19801	9984706	1		
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Name of Employer		Occupation			Mem	no lt	em					
Varian Medical Systems		Engineer Ma	nager									
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	neral			P/	'R Dedu	ıctio	n (\$50.0	00 Bi-We	ekly)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a		-	1b	11c					
Anv	/ information copied from such Reports and S	tatements ma	y not be sold or used by any pe	erson fr	13 or the	 puri	14 rpos		15 soliciting	contr	-	17 Dns		
or f	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. P/	AC ('Varia	an PAC')											
	Full Name (Last, First, Middle Initial) Andrew Whitman			Date o	f Re	эсе	ipt							
_	Mailing Address 704 Hatherleigh Rd			03 31 2016										
	City	State	Zip Code						PR19802					
-	Baltimore	MD	21212-1613	A	Amoun	t of	Ea	ach Re	eceipt th	nis Per	iod			
f	FEC ID number of contributing federal political committee.	С				,	- 7 +-	2	7	8	75.00)		
	Name of Employer	Occupation		٦ L	Me	emo l	iter	11)						
	Varian Medical Systems	Vice Preside	ent											
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	P/	'R Ded	luctio	ion	(\$125	5.00 Bi-W	Veekly)			
	Full Name (Last, First, Middle Initial) Jon Hopkins			Date of Receipt										
ľ	Mailing Address 1314 Featherwood Drive				03 31 2016									
	City	State	Zip Code						PR2016					
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١	Name of Employer Varian Medical Systems	Occupation World Wide	Sales - Particle Therapy		- Memo Item									
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P/.	R Ded	luctio	ion	(\$50.0	00 Bi-W€	eekly)				
С.	Full Name (Last, First, Middle Initial) Richard Colbeth				Date o	f Re	эсе	ipt						
_	Mailing Address 1243 Richardson Ave				м м 03		L	D D D 31	JL	2016	6			
	City Los Altos	State CA	Zip Code 94024-6034						PR2021					
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f	FEC ID number of contributing federal political committee.	С				emo l		m		2	80.00)		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE

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	r for commercial purposes, other than using 1 NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. Full Name (Last, First, Middle Initial) Carl LaCasce Mailing Address 5074 Red Fox Court City Park City 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) James Suffoletta Mailing Address 604 Indian Home Rd. City Danville 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) General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Vertatschitsch Mailing Address 250 Oakview Drive City San Carlos 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) Edward Vertatschitsch Mailing Address 250 Oakview Drive City San Carlos 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) Ditter (specify) ▼ Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Detailed Summary Page	1 1	X 11a		11b	11c		12		
-	Any information copied from such Reports and Statements may not b or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC ('Varian PA Full Name (Last, First, Middle Initial) A. Carl LaCasce Mailing Address 5074 Red Fox Court City State Zip Park City UT 84 FEC ID number of contributing federal political committee. Occupation VP General Mgr Name of Employer Occupation VP General Mgr Varian Medical Systems VP General Mgr Receipt For: Primary General Other (specify) ✓ Image: Suffoletta Mailing Address 604 Indian Home Rd. C Image: Suffoletta Mailing Address 604 Indian Home Rd. C Image: Suffoletta Mailing Address 250 Oakview Drive Occupation Director Marketing Receipt For: Aggregate Year-to: Image: Suffoletta Mailing Address 250 Oakview Drive C Image: Suffoletta Name of Employer Occupation Director Marketing Receipt For: Aggregate Year-to: Image: Suffoletta			13		14	15		16	17		
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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Varian Medical Systems, Inc. P	AC ('Varia	an PAC')									
					Date of	Rec	eipt					
	Mailing Address 5074 Red Fox Court				м м 03	/	31	/ Y	ү 20) 16	Y	
	-		Zip Code		Trans	actic	on ID : I	PR2202	6439	47061		
	Park City	UT	84098-7568	_	Amount	of E	Each Re	eceipt th	is P	eriod		
	8	С				,		7		350.0	0	
	Name of Employer	Occupation			Mer	no lte	em					
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			350.00		P/R Dedu	uctio	n (\$50.0	00 Bi-We	ekly	')		
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	Mailing Address 604 Indian Home Rd.				м м 03	/	31	/ Y	ү 20	ү 16	Y	
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	Name of Employer	Occupation	I	-	Mer	no lte	em					
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			350.00		P/R Dedu	uctior	n (\$50.0	00 Bi-We	ekly)		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 9 OF

or for commercial purposes, or NAME OF COMMITTEE (I Varian Medical Sy Full Name (Last, First, Mid A. Anup Pant Mailing Address 726 Chock City Fremont FEC ID number of contribu federal political committee. Name of Employer Varian Medical Systems Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid B. Mailing Address City FEC ID number of contribu federal political committee. Name of Employer Receipt For:			Detailed Summary Page		11a 13	_	11b 14	11c	12	□ ₄ =					
	y information copied from such Reports and				or the		pose of		g contribu						
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. F					di ti i D	uuons fr			ee.					
۹.	Full Name (Last, First, Middle Initial) Anup Pant				Date of Receipt										
	Mailing Address 726 Choctaw Drive														
	-	State CA	Zip Code 94539-7175						78004706	1					
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	Name of Employer	e of Employer Occupation					Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]											
s	UBTOTAL of Receipts This Page (optional)				-		7		630.						
T	OTAL This Period (last page this line number	only)		•			7		4165.	JU					