

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="4205.59"/>	<input type="text" value="4205.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4205.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8876.50"/>	<input type="text" value="8876.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13082.09"/>	<input type="text" value="13082.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30.00"/>	<input type="text" value="30.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13052.09"/>	<input type="text" value="13052.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Page 3

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).....	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
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))..... ▶	8876.50	8876.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8876.50	8876.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	30.00	30.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30.00	30.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	8876.50	8876.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8876.50	8876.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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:	PAGE 6 OF 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Catherine Deluca
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Oconnor St
 City Menlo Park State CA Zip Code 94025-2663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Manager, Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1980198447061
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Robert Drubka
 Full Name (Last, First, Middle Initial)
 Mailing Address 5250 S Rainbow Bl #1145
 City Las Vegas State NV Zip Code 89118-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1980198547061
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. David Nisius
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Statford Rd
 City Des Plaines State IL Zip Code 60016-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Engineer Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1980199847061
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 OF 9
	<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. Andrew Whitman
Full Name (Last, First, Middle Initial)
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 Varian Medical Systems Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **875.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR1980201247061
Amount of Each Receipt this Period **875.00**
 Memo Item
P/R Deduction (\$125.00 Bi-Weekly)

B. Jon Hopkins
Full Name (Last, First, Middle Initial)
Mailing Address 1314 Featherwood Drive
City Murphy State TX Zip Code 75094-4174
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation World Wide Sales - Particle Therapy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR2016511047061
Amount of Each Receipt this Period **350.00**
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

C. Richard Colbeth
Full Name (Last, First, Middle Initial)
Mailing Address 1243 Richardson Ave
City Los Altos State CA Zip Code 94024-6034
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VP, R&D & Engineering
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : PR2021049347061
Amount of Each Receipt this Period **280.00**
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1505.00
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 OF 9
<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. Carl LaCasce
Full Name (Last, First, Middle Initial)
Mailing Address 5074 Red Fox Court
City Park City State UT Zip Code 84098-7568
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VP General Mgr
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2202643947061
Amount of Each Receipt this Period 350.00
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

B. James Suffoletta
Full Name (Last, First, Middle Initial)
Mailing Address 604 Indian Home Rd.
City Danville State CA Zip Code 94526-4365
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Director Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2202644347061
Amount of Each Receipt this Period 350.00
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

C. Edward Vertatschitsch
Full Name (Last, First, Middle Initial)
Mailing Address 250 Oakview Drive
City San Carlos State CA Zip Code 94070-4537
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation Sr Dir General Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR2202644447061
Amount of Each Receipt this Period 280.00
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **980.00**
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 9 OF 9
	<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. Anup Pant
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 Choctaw Drive
 City Fremont State CA Zip Code 94539-7175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Sw Engineer Iv (apps)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : PR2362780047061
 Amount of Each Receipt this Period
 630.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	4165.00