

**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="7978.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3426.00"/>	<input type="text" value="15728.50"/>
(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="11404.09"/>	<input type="text" value="19934.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5500.00"/>	<input type="text" value="14030.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5904.09"/>	<input type="text" value="5904.09"/>
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).....	2100.00	8065.00
(ii) Unitemized	1326.00	7663.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3426.00	15728.50
(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)	3426.00	15728.50
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))..... ▶	3426.00	15728.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3426.00	15728.50

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	14000.00
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)) ..	5500.00	14030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	14030.00

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)	3426.00	15728.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3426.00	15728.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	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)	0.00	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 14
<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

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. Keith Askoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Mercy St.
 City Mountain View State CA Zip Code 94041-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1833140648467
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1980198448467
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1980198548467
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 14
<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. David Nisius
Full Name (Last, First, Middle Initial)

Mailing Address 315 Stafford 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 ▼
650.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1980199848467

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

B. Mark Patzer
Full Name (Last, First, Middle Initial)

Mailing Address 424 3rd Ln S

City Kirkland	State WA	Zip Code 98033-6610
------------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation Sales Representative
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1980200148467

Amount of Each Receipt this Period
75.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

c. Stacy Stordahl
Full Name (Last, First, Middle Initial)

Mailing Address 2611 Ross Rd

City Chevy Chase	State MD	Zip Code 20815-3834
---------------------	-------------	------------------------

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

Name of Employer Varian Medical Systems	Occupation Director Policy & Reimbursement
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1980200648467

Amount of Each Receipt this Period
75.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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 8 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Varian Medical Systems, Inc. PAC ('Varian PAC')

A. Maureen Tracy
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 N Charter Street
 City Monticello State IL Zip Code 61856-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Varian Medical Systems Occupation Government Affairs Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1980200948467
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 1625.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1980201248467
 Amount of Each Receipt this Period 375.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

C. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2016511048467
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00
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 14
	<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. John Kowal
Full Name (Last, First, Middle Initial)

Mailing Address 1905 Big Bend Cove

City Southlake State TX Zip Code 76092-6933

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

Name of Employer Varian Medical Systems Occupation Field Sales VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR201651148467

Amount of Each Receipt this Period 75.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

B. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2021049348467

Amount of Each Receipt this Period 120.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

C. Patrick Joda
Full Name (Last, First, Middle Initial)

Mailing Address 5192 Independence Drive

City Pleasanton State CA Zip Code 94566-7803

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

Name of Employer Varian Medical Systems Occupation VP, OS Cust Svc/Spt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2021049748467

Amount of Each Receipt this Period 60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 255.00

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 10 OF 14
	<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. Vy Tran
Full Name (Last, First, Middle Initial)
Mailing Address 367 Santana Heights No 5038
City San Jose State CA Zip Code 95128-2073
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VP, Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2021050348467
Amount of Each Receipt this Period 60.00
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2202643948467
Amount of Each Receipt this Period 150.00
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

C. Michael Ryberg
Full Name (Last, First, Middle Initial)
Mailing Address 53 Essex Lane
City Irvine State CA Zip Code 92620-0241
FEC ID number of contributing federal political committee. **C**
Name of Employer Varian Medical Systems Occupation VP Global Supply Chain
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2202644248467
Amount of Each Receipt this Period 60.00
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	270.00
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 OF 14
<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')

Full Name (Last, First, Middle Initial) A. James Suffoletta		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : PR2202644348467
Mailing Address 604 Indian Home Rd.		Amount of Each Receipt this Period 150.00
City Danville	State CA	Zip Code 94526-4365
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Varian Medical Systems	Occupation Director Marketing	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Edward Vertatschitsch		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : PR2202644448467
Mailing Address 250 Oakview Drive		Amount of Each Receipt this Period 120.00
City San Carlos	State CA	Zip Code 94070-4537
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Varian Medical Systems	Occupation Sr Dir General Manager	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Deepak Khuntia		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 Transaction ID : PR2362779648467
Mailing Address 1358 Country Club Drive		Amount of Each Receipt this Period 60.00
City Los Altos	State CA	Zip Code 94024-5302
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Varian Medical Systems	Occupation Vp Medical Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 12 OF 14
(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, 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 06 / 30 / 2016
Transaction ID : PR2362780048467
Amount of Each Receipt this Period 0.00
 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
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
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2100.00

**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 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, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution: Kevin McCarthy (R-23rd CA)

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : 72223406

Amount of Each Disbursement this Period

1500.00

Memo Item

Contribution: Kevin McCarthy (R-23rd CA)

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
Contribution: Scott Peters (D-52nd CA)

011

Candidate Name

Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : 72223408

Amount of Each Disbursement this Period

2000.00

Memo Item

Contribution: Scott Peters (D-52nd CA)

Full Name (Last, First, Middle Initial)

C. John S Fund

Mailing Address PO Box 853

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement
Contribution: John S Fund

011

Candidate Name

John S Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : 72223423

Amount of Each Disbursement this Period

1000.00

Memo Item

Contribution: John S Fund

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

4500.00

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)

<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, Inc. PAC ('Varian PAC')

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution: New Pioneers PAC

Candidate Name
New Pioneers PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2016

Transaction ID : 72223430

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution: New Pioneers PAC

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

5500.00