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FEC FORM 3X

01/20/2021 17:41

PAGE 1 / 23

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

					Office Use Only				
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the line		12FE4M	5				
Varian Medical System	ns, Inc. PAC ('Varia	n PAC')				1			
ADDRESS (number and street)	801 Pennsylvania Avenue	e, NW							
Check if different	Suite 520								
than previously reported. (ACC)	Washington				20004 —				
2. FEC IDENTIFICATION N			5	STATE 🔺	ZIP COL	DE 🔺			
C C00450965	3.	IS THIS REPORT	NEW (N) <b>OR</b>	AM (A)	ENDED				
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only)			
(a) Quarterly Reports:	Due On:	1ar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)			
April 15		opr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)			
Quarterly Report (0	(C) 12-Day	Primary	(12P)	General (	12G)	Runoff (12R)			
Quarterly Report (0 October 15	Report for the:	Convent	on (12C)	Special (12S)					
Quarterly Report ( January 31 Year-End Report (		ction on	/ D D /	YYYYYY	in the State of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election		(30G)	Runoff (30	0R)	Special (30S)			
Termination Report (TER)			/ D D /	Y Y Y Y Y	in the State of				
5. Covering Period		b throu	gh 12	/ D D / 31	2020				
I certify that I have examined the Type or Print Name of Treasure	Whitman, Andrew, , ,	of my knowledge a	nd belief it is tru	e, correct and	complete.				
Type of Third Name of Treasure									
Signature of Treasurer	man, Andrew, , ,	[Electron	ically Filed]	oate 01	/ D D / 20	2021			
NOTE: Submission of false, error	eous, or incomplete informa	tion may subject the	person signing th	is Report to the	e penalties of 52	U.S.C. § 30109			
Office Use Only					FEC FOR Rev. 05/20				

X

Γ	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
١	/arian Medical Systems, Inc. PAC	C ('Varian PAC')	
R	eport Covering the Period: From:	11 / 24 / 2020 To:	M M / D D / Y Y Y Y Y 12 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020	[	29699.35
	(b) Cash on Hand at Beginning of Reporting Period	31868.12	
	(c) Total Receipts (from Line 19)	4367.40	37123.90
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	36235.52	66823.25
7.	Total Disbursements (from Line 31)	12500.00	43087.73
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23735.52	23735.52
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

Page 3

37123.90

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Varian Medical Systems, Inc. PAC ('Varian PAC') MM DD 11 24 2020 31 2020 12 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4274.40 29412.40 (i) Itemized (use Schedule A)..... 93.00 7711.50 (ii) Unitemized ..... (iii) TOTAL (add 37123.90 4367.40 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 37123.90 4367.40 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ..... (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))...... 37123.90 4367.40

4367.40

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

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
	rating Expenditures: 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	67.73				
(C)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	67.73				
	nsfers to Affiliated/Other Party	0.00	0.00				
Con Fed and	tributions to eral Candidates/Committees Other Political Committees	12500.00	42500.00				
(use	ependent Expenditures	0.00	0.00				
Coo (52	rdinated Party Expenditures U.S.C. § 30116(d))	0.00					
	Schedule F)		0.00				
Loai	n Repayments Made	0.00	0.00				
Refu	ns Made unds of Contributions To:	0.00	0.00				
(a)	a) Individuals/Persons Other Than Political Committees	0.00	520.00				
	Political Party Committees Other Political Committees	0.00	0.00				
(c)	(such as PACs)	0.00	0.00				
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	520.00				
	er Disbursements (Including -Federal Donations)	0.00	0.00				
	eral Election Activity (52 U.S.C. § 30101(2 Allocated Federal Election Activity (from Schedule H6)	20))					
	(i) Federal Share	0.00	0.00				
(b)	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00				
( )	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				
	l Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	12500.00	43087.73				
	I Federal Disbursements						
	n Line 31(a)(ii) and Line 30(a)(ii) h Line 31)	12500.00	43087.73				

L

#### **DETAILED SUMMARY PAGE**

of Disbursements

	FEC Form 3X (Rev. 05/2016)	or Disbursements	Page 5					
	III. Net Contributions/ Operating Expenditures							
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	4367.40	37123.90					
34.	Total Contribution Refunds (from Line 28(d))	0.00	520.00					
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4367.40	36603.90					
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	67.73					
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	67.73					

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

(check only one)

PAGE 6 OF

			Detailed Summary Page	×	-		11	- H	11c	12	
An	y information copied from such Reports and Statem	ents may	not be sold or used by any pe	erson fr	13 or the	purr	14 pos		15 soliciting	16 contribu	17 tions
	for commercial purposes, other than using the name										
$\setminus$	NAME OF COMMITTEE (In Full)	(1) /					-				
]	Varian Medical Systems, Inc. PAC	(variai	(1 PAU)			_	_				
A.	Full Name of Individual (Last, First, Middle Initial) of Bisciotti, David, , ,	r Full Org	anization Name		Date of	Re	cei	pt			
	Mailing Address 110 Providence Lake Point				M M 12	_	_	31	/ Y	y 2020	Y
	,	State	Zip Code	╶─└╹		acti	ion		PR19801	19817440	3
	Milton	GA	30004-3481	A	\mount	of	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	;			_	_	7			30.	00
	Name of Employer (for Individual) Varian Medical Systems		ation (for Individual) ustomer Service		M	emo	o Ite	эm			
	Peopint For:		ear-to-Date V	$\neg$							
	Primary General Other (specify) ▼		260.00	P/	/R Ded	uctio	on (	(\$0.00	) Bi-Wee	∋kly)	
	L					_	_				
B.	Full Name of Individual (Last, First, Middle Initial) of Cichocki, Gayle, , ,	r Full Org	anization Name		Date of	Re	cei	pt			
	Mailing Address 386 Chadwick Cir	]	12 31 2020								
	,	State	Zip Code		Trans	acti	ion	ID : F	PR19801	19837440	3
	Henderson	NV	89014-4523		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	)			30.00						
	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) nal Tech Supply Specialst		Memo Item						
		gregate Ye	ear-to-Date V								
	Primary     General       Other (specify) ▼		, 260.00	P/	'R Ded	uctic	on (	(\$10.0	0 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial) of Deluca, Catherine, , ,	r Full Org	anization Name	+	Date of	Ro	100 <sup>11</sup>	nt			
J.	Mailing Address 304 Oconnor St				12			יףנ 31	/ Y	y y 2020	Y
	5	State	Zip Code	╶_└╹		acti	ion	ID : I	PR19801	19847440	13
	Menlo Park (	CA	94025-2663	A	\mount	of	Ead	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	;			_	_	y			150.	00
	Name of Employer (for Individual)	· ·	ation (for Individual)		M	emo	o Ite	em			
	Varian Medical Systems Receipt For:										
	Primary General Agg	Aggregate real-to-Date V								eekly)	
	Other (specify)	1	. 200		241	,		<b>-</b> J/			
	UBTOTAL of Receipts This Page (optional)						_	-		210.	00
			· · ·	- Ì	+	÷	1	-			
T	<b>OTAL</b> This Period (last page this line number only).				-		-				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	an PAC')								
Α.	Full Name of Individual (Last, First, Middle Initia Jackson, Theodore, , ,	l) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2142 Oak Forest Dr	-		12 31 2020							
	City Ellicott City	State MD	Zip Code 21043-1966	Transaction ID : PR1980199374403 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) ector, Product Mktg	Memo Item							
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia June, Alan, , ,	Date of Receipt									
	Mailing Address 174 Mosby Woods Dr	12 / 12 / 2020									
	City Newnan	State GA	Zip Code 30265-2212	Transaction ID : PR1980199474403 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Varian Medical Systems		cupation (for Individual) r III, CSS Project Mgt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia Kaye, Mark, , ,	l) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1830 High Trail	1		12 / D D / Y Y Y Y 12 31 2020							
	City Atlanta	State GA	Zip Code 30339-8470	Transaction ID : PR1980199574403 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) ⁄Igr, Sales	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$20.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			120.00							
т	OTAL This Period (last page this line number or	nly)	▶								

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

(check only one)

PAGE 8 OF

		Detailed Summary Page	×			11b	11c										
				13		14	15	1	-	17							
Any information copied from such Reports a or for commercial purposes, other than usin																	
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc	. PAC ('Varia	an PAC')															
Full Name of Individual (Last, First, Midd <b>A.</b> Ling, Ching Clifton, Clifton, ,	le Initial) or Full O	rganization Name	[	Date of	f Re	ceipt											
Mailing Address 345 E 69th Street PH E	-									12 31 2020							
City New York	State NY	Zip Code 10021-5595		Transaction ID : PR1980199674403 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.		anoull	. 01				30.00	)									
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) anced Clin Rsrch Dir		Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/	R Ded	uctio	on (\$10	0.00 Bi-\	Weekly)									
Full Name of Individual (Last, First, Midd Patzer, Mark, , ,	le Initial) or Full O	rganization Name		Date of	f Re	ceipt											
Mailing Address 424 3rd Lane South		12 31 2020															
City Kirkland	State WA	Zip Code 98033-6610	A	Transaction ID : PR1980200174403 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.		75.00															
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) ⁄Igr, Sales		Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$25.00 Bi-Weekly)														
Full Name of Individual (Last, First, Midd C. Shue, Jeff, , ,	le Initial) or Full O	rganization Name		Date of	f Re	ceipt											
Mailing Address 2721 NW 78th St				12 31 2020													
City Topeka	State KS	Zip Code 66618-2107	A					this Per									
FEC ID number of contributing federal political committee.	С					,	,		45.00	)							
Name of Employer (for Individual) Varian Medical Systems																	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/	′R Ded	lucti	on (\$1	5.00 Bi-'	Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)							1:	50.00	)							
TOTAL This Period (last page this line num		· · · · · · · · · · · · · · · · · · ·					,		-								

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

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			De	etailed Summary Page	×	-	1a 3	-	11   14	F	_	11c 15	$\mid$	12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for	the p		pos	se of	sol	iciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC				10 50										<i></i>	
A.	Full Name of Individual (Last, First, Middle Initial) Stordahl, Stacy, , ,	) or Full Or	rgani	zation Name	1	Date of Receipt										
	Mailing Address 2611 Ross Rd					12 31 2020										
	City Chevy Chase	State MD	2	Zip Code 20815-3834								19802			3	
FEC ID number of contributing federal political committee.						AIII	iount	UI	d		iece	eipt thi	5 F	75.0	00	
Varian Medical Systems Si			•	on (for Individual) eimb/Hlth Policy			Me	emo	o Ite	em						
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate Y	Year-	-to-Date ▼ 650.00	P	/R	Dedu	uctio	on	(\$25.	.00	Bi-We	ekly	/)		
	Full Name of Individual (Last, First, Middle Initial) Tracy, Maureen, , ,	zation Name	Date of Receipt													
	Mailing Address 1122 N State Street						12 / D D / Y Y Y Y 12 31 2020									
	City Monticello	State IL	2	Zip Code 61856-1152								<b>19802</b> eipt thi			3	
	FEC ID number of contributing federal political committee.	С				375.00										
	Name of Employer (for Individual) Varian Medical Systems		•	on (for Individual) e Director, Access to Cancer	с	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-	to-Date ▼ 3200.00	P/	/R	Dedu	uctic	on (	(\$125	5.00	) Bi-W	eekl	ly)		
с.	Full Name of Individual (Last, First, Middle Initial) Whitman, Andrew, , ,	or Full Or	rgani	zation Name		Dat	te of	Re	ecei	ipt						
	Mailing Address 704 Hatherleigh Rd		1.				12 <sup>M</sup>	/	L	D D 31			20	)20		
	City Baltimore	State MD	4	Zip Code 21212-1613					-			<b>19802</b> eipt thi	-		3	
	FEC ID number of contributing federal political committee.						1			, p t t		576.9	90			
	Name of Employer (for Individual) Varian Medical Systems		•	on (for Individual) ident, Government Affairs			Me	emo	o Ite	em						
	Receipt For:     //       Primary     General       Other (specify)	Year-	to-Date ▼ 4124.90	P/R Deduction (\$192.30 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)								ļ				1	1026.9	0	
т	OTAL This Period (last page this line number onl	y)							,			-, -,				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc.	. PAC ('Vari	an PAC')					
Full Name of Individual (Last, First, Middle Wood, Robert, , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 56 Centennial Way			12 31 Y Y Y Y Y 12 31 2020				
City	State CA	Zip Code	Transaction ID : PR1980201474403				
San Ramon	CA	94583-2615	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Varian Medical Systems	VP,	Ops/Manufacturing					
	Aggregate	Year-to-Date ▼					
Other (specify)		260.00	P/R Deduction (\$10.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. Wotring, Tammy, , ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 5025 Buds Farm Lane							
City	State	Zip Code	Transaction ID : PR1980201574403				
Franklin	TN	37064-7637	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	30.00						
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Manager Strategic Solutions	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. Zankowski, Corey, , ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 1641 Kirk Ct			M M / D D / Y Y Y Y 12 31 2020				
City	State	Zip Code	Transaction ID : PR1980201774403				
San Jose	CA	95124-4800	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Varian Medical Systems	VP I	Product Management					
Receipt For:	Aggregate	Year-to-Date <b>V</b>					
Other (specify)		260.00	P/R Deduction (\$10.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional	)		90.00				
TOTAL This Period (last page this line num	ber only)	•					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\rangle$	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	an PAC')									
Α.	Full Name of Individual (Last, First, Middle Initial) Hopkins, Jon, , ,	) or Full Or	ganization Name	Date of Receipt							
	Mailing Address 783 Hernage Creek Rd	01-1-	Zin Onda	12 / D D / Y Y Y Y 12 31 2020							
	City Eagle	State CO	Zip Code 81631-6143	Transaction ID : PR2016511074403							
		00	81031-0143	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) Global Prod SIs-SBU	Memo Item							
	Receipt For:	Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		1300.00	P/R Deduction (\$50.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial) Kowal, John, , ,	Date of Receipt									
	Mailing Address 1905 Big Bend Cove	12 / D D / Y Y Y Y Y 12 31 2020									
	City	State	Zip Code	Transaction ID : PR2016511174403							
	Southlake	TX	76092-6933	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	150.00									
	Name of Employer (for Individual) Varian Medical Systems		ipation (for Individual) Domestic Sales	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 1300.00	P/R Deduction (\$50.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial) Hass, Jill, , ,	) or Full Or	ganization Name	Date of Receipt							
	Mailing Address 848 E Frisbie Way			12 / D D / Y Y Y Y 12 31 2020							
	City	State	Zip Code	Transaction ID : PR2021049674403							
	Salina	KS	67401-9261	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Ŭ									
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item							
	Varian Medical Systems										
	Receipt For:										
	Primary General Other (specify)		260.00	P/R Deduction (\$10.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••	330.00							
т	OTAL This Period (last page this line number onl	y)	••••••								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
$\rangle$	VAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	C ('Varia	an PAC')							
Α.	Full Name of Individual (Last, First, Middle Initial) Tran, Vy, , ,	or Full Or	ganization Name	Date of Receipt						
	Mailing Address 906 Golden Way	State	Zin Codo	12 / D D / Y Y Y Y 12 / 31 / 2020						
	City Los Altos	State CA	Zip Code 94024-5056	Transaction ID : PR2021050374403						
		С		Amount of Each Receipt this Period 60.00						
	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) , Regulatory Affairs	Memo Item						
	Receipt For:       A         Primary       General         Other (specify) ▼	r: Aggregate Year-to-Date ▼ ary General								
B.	Full Name of Individual (Last, First, Middle Initial) Ryberg, Michael, , ,	Date of Receipt								
	Mailing Address 5410 Greenfield Way	12 31 Y Y Y Y Y 2020								
	City Pleasanton	State CA	Zip Code 94566-5416	Transaction ID : PR2202644274403 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer (for Individual) Varian Medical Systems		ipation (for Individual) Global Supply Chain	Memo Item						
	Receipt For:       A         Primary       General         Other (specify) ▼	Aggregate `	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) Zhang, Xiao, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 736 River Reserve Drive			12 / D D / Y Y Y Y 12 31 2020						
	City	State WI	Zip Code	Transaction ID : PR2202644574403						
	Hartland	VVI	53029-2906	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Varian Medical Systems		pation (for Individual) General Mgr	Memo Item						
	Receipt For:     A       Primary     General       Other (specify)	Aggregate Y	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			150.00						
т	OTAL This Period (last page this line number only	/)								

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>4</b> 11a 13		11	1b 4	11c		12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	C ('Varia	an	PAC')											
Α.	Full Name of Individual (Last, First, Middle Initial Guest, Trevor, , ,	) or Full O	Organ	nization Name		Date	of Re	ece	ipt						
	Mailing Address 203 Thyme Cir	0		Zie Oo de		12 / 31 / 2020 Transaction ID : PR2362779374403									
	City Richland	State WA		Zip Code 99352-8510	-								3		
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Varian Medical Systems		•	ion (for Individual) Field Service		<b>_</b> 1	Mem	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 325.00		P/R De	duct	ion	(\$12.	50 Bi-V	Veekly	/)					
B.	Full Name of Individual (Last, First, Middle Initial	) or Full O	Orgai	nization Name		Date	of Re	ece	ipt						
	Mailing Address 918 Wyngate Ct.	1				<sup>M</sup> 12	M /	/	D D 31	1	y y 20	20 20	Y		
	City Safety Harbor	State FL		Zip Code 34695-5650	_					PR236 eceipt			3		
	FEC ID number of contributing federal political committee.	С				<u> </u>		-				30.0	00		
	Name of Employer (for Individual) Varian Medical Systems			ion (for Individual) , Sales		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 260.00	F	P/R Deduction (\$10.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial, Khuntia, Deepak, , ,	) or Full O	Orgai	nization Name		Date	of Re	ece	ipt						
	Mailing Address 1358 Country Club Drive	1				<sup>M</sup> 12	- 1	L	D D 31	JL	20	20			
	City Los Altos	State CA		Zip Code 94024-5302						PR236			3		
	FEC ID number of contributing federal political committee.	С	-	94024-5502		Amou	nt of	i Ea	ich R	eceipt	this P	eriod 60.0	00		
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)	_	ī	Mem	no It	em						
	Varian Medical Systems	Vp N	Medi	cal Affairs											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•				,				127.5	50		
т	OTAL This Period (last page this line number onl	ly)		····· •	-	Ξ.		-		,					

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

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			Detailed Summary Page	×			11b		11c	12	<u> </u>						
An	y information copied from such Reports and Stater	nents may	not be sold or used by any pe	erson f	13 or the	pur	14 pose	of s	15 oliciting	contrib	utions						
	for commercial purposes, other than using the nan																
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	('Variar	PAC')														
	Full Name of Individual (Last, First, Middle Initial) Lippy, Denise, , ,	or Full Org	anization Name	[	Date of	f Re	eceipt										
	Mailing Address 3204 Jackson St.				12 31 Y Y Y Y Y 12 31 2020												
	,	State	Zip Code		Transaction ID : PR2362779774403												
	Houston	ТХ	77004-3034	/	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.			30.00													
	Name of Employer (for Individual) Varian Medical Systems	· ·	ation (for Individual) Id Service	Memo Item													
	Primary General	ggregate Ye	ear-to-Date ▼	P/	'R Ded	uctio	on (\$1	0.0	0 Bi-We	ekly)							
	Other (specify) ▼	260.00															
В.	Full Name of Individual (Last, First, Middle Initial) Wall, Kathryn, , ,	or ⊢ull Org	anization Name	[	Date of	f Re	eceipt										
	Mailing Address 9805 Withers Road	<u></u>			12 31 2020												
	City : Charlotte	State NC	Zip Code 28278-6821				1         2020           31         2020           tion ID : PR2362780174403           f Each Receipt this Period										
	EEC ID number of contributing				Arriouni	ιOŤ	⊨acn	не	ceipt th	2020 779774403 his Period 30.00 eekly) 2020 780174403 his Period 30.00 eekly) 2020 129074403 his Period 30.00							
	FEC ID number of contributing federal political committee.				Memo Item												
	Name of Employer (for Individual) Varian Medical Systems		ation (for Individual) r, Professional Svc														
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate Ye	ear-to-Date ▼ 260.00	P/	R Ded	uctio	on (\$1	0.00	0 Bi-We	ekly)							
 C.	Full Name of Individual (Last, First, Middle Initial)	or Full Org	anization Name		Date of	f Re	eceipt										
	Mailing Address 1505 Westwood Ave.				<sup>M</sup> 12	/	3	р В1	/ Y		Y						
	5	State	Zip Code		Trans	act	ion IC	) : P	R2485	1290744	03						
	Alliance	OH	44601-5743	<i>A</i>	Amount	t of	Each	Re	ceipt th	is Perio	b						
	FEC ID number of contributing federal political committee.	0					y		y	30	.00						
	Name of Employer (for Individual)		ation (for Individual) Field Service		М	emc	b Item	1									
	Varian Medical Systems Receipt For:		ear-to-Date V	_													
	Primary General Other (specify)	jyreyale fe	260.00	P	P/R Deduction (\$10.00 Bi-Weekly)												
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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			each category of the tailed Summary Page	×	11a 13	11b 14	11c 15	12 16	17					
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	C ('Varia	an P	PAC')											
Α.	Full Name of Individual (Last, First, Middle Initial) Fullerton, Lani, , , Mailing Address 14572 Grange Ville Blvd	or Full O	rganiz	ation Name	_	Date of Receipt									
	City	State	Z	ip Code		12 Transact	31 ion ID : I	PR2485	2020 1 <b>29174</b>						
	Hanford FEC ID number of contributing federal political committee.	CA		93230-9112	_	Amount of Each Receipt this Period 30.00									
	Name of Employer (for Individual) Varian Medical Systems		•	n (for Individual) Ilmnt Cnslt III		Memo	) Item								
	Receipt For:       µ         Primary       General         Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 260.00	P	P/R Deduction	on (\$10.(	00 Bi-We	eekly)						
в.	Full Name of Individual (Last, First, Middle Initial) Kattmann, Mark, , ,	or Full O	rganiz	ation Name		Date of Re	eceipt								
	Mailing Address 7444 Plank Road			"	12 / 31 / 2020 Transaction ID : PR2485129274403										
	City Afton	State VA		ip Code 22920-1807		Transacti Amount of									
	FEC ID number of contributing federal political committee.	С						0.00							
	Name of Employer (for Individual) Varian Medical Systems		•	n (for Individual) Prog/Proj Mgmt		Memo	ttem								
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganiz	ation Name		Date of Re	eceipt								
	Mailing Address 1252 Coolidge Ave	-				12 <sup>//</sup>	D D 31	/ Y	2020						
	City San Jose	State CA		ïp Code 95125-3226		Transact Amount of									
	FEC ID number of contributing federal political committee.	С					,	, j		0.00					
	Name of Employer (for Individual) Varian Medical Systems		•	n (for Individual) onal Leader (AMER)		Memo Item									
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-t	o-Date ▼ 2600.00	F	P/R Deducti	on (\$100	).00 Bi-V	Veekly)						
s	UBTOTAL of Receipts This Page (optional)			•	_		,		36	0.00					
т	OTAL This Period (last page this line number only	y)		····· •			-			-					

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Any information	copied from such Reports ar	1d Statements mo	l av not	be sold or used by any p	erson f	13 or the		14 rpose		15 soliciting	contribu	utions						
	al purposes, other than using																	
	OMMITTEE (In Full)						_		_									
/	ledical Systems, Inc.	•																
Full Name of Whittington	Individual (Last, First, Middlen, Tara, , ,	ə Initial) or Full O	)rganiza	ation Name		Date o	f Re	eceipt										
	ess 54 Tributary Trail					м м 12	1		д 31	/ Y	y 2020	Y						
City		State		ip Code		Transaction ID : PR2485129574403												
Falling Water		WV		25419-1149	/	Amount of Each Receipt this Period												
FEC ID numb federal politic	per of contributing al committee.	С				30.00												
Name of Emp Varian Medica	ployer (for Individual) al Systems		•	n (for Individual) al Trng Spec		М	lemo	o Iterr	ı									
Receipt For:	·	Aggregate		5 1														
Primary Other (s	/ General specify) ▼			260.00	]   P/	/R Ded	lucti	ion (\$ <sup>-</sup>	10.0	0 Bi-We	ekly)							
Full Name of <b>B.</b> Akbany, A	Individual (Last, First, Middle	ə Initial) or Full O	)rganiza	ation Name		Date of	f Re	∋ceipt										
Mailing Addre	ess 2256 Cardinal Blvd.					30.00         Memo Item         P/R Deduction (\$10.00 Bi-Weekly)         Date of Receipt         12       31         2020         Transaction ID : PR2498164974403         Amount of Each Receipt this Period         30.00         Memo Item												
City		State		ip Code														
Carrollton		TX		75010-4913	/	\moun	t of	Each	n Re	ceipt thi	s Period	3       17         ibutions       ibutions         mittee.       17         ibutions       17         ibutions       17         idual       10         iod       30.00         iod       30.00         iod       30.00         iod       30.00						
FEC ID numb federal politic	per of contributing al committee.	С				_		-9			30	.00						
Name of Emp Varian Medica	ployer (for Individual) al Systems		upatior	n (for Individual) ales		Memo Item												
Receipt For: Primary Other (s	/ General specify) ▼	Aggregate	Year-te	o-Date ▼ 260.00	] P/	P/R Deduction (\$10.00 Bi-Weekly)												
Full Name of C. Brooks, J	Individual (Last, First, Middle Jason, , ,	e Initial) or Full O	)rganiza	ation Name		Date of	f Re	∋ceipt										
Mailing Addre	ess 1813 Woodland Street					м м 12	/		а 31	/ Y	2020 <sup>°</sup>	Y						
City		State TN		ip Code 37206-1947						PR24981								
Nashville			;	01200-1947	#	\moun	t of	Each	n Re	ceipt thi	s Perio	t						
FEC ID numb federal politic	per of contributing al committee.	С						y		9	30	.00						
Varian Medica	ployer (for Individual) al Systems		•	n (for Individual) Id Service		М	lemo	o Item	n									
Receipt For:		Aggregate	Year-to	o-Date ▼														
Primary Other (s				260.00	]   <sup>P,</sup>	P/R Deduction (\$10.00 Bi-Weekly)												
SUBTOTAL of	Receipts This Page (optional	)		······	<u> </u>	_	-	,			90	.00						
TOTAL This Pe	eriod (last page this line num	ber only)			.			-										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Varian Medical Systems, In	c. PAC ('Varia	an PAC')											
Full Name of Individual (Last, First, Mide Buzzutto, Brian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 224 Stillcreek Drive			12 31 2020										
City	State TN	Zip Code	Transaction ID : PR2498165174403										
Franklin		37064-6764	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) II Field Service	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mide B. Crews, Raymond, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1193 Robbie Ct			12 31 2020										
City	State	Zip Code	Transaction ID : PR2498165274403										
Deerfield	IL	60015-2880	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) II Field Service	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mide C. Davis, John Jr, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 35211 St. Joe Road			12 31 Y Y Y Y Y 12 31 2020										
City	State	Zip Code	Transaction ID : PR2498165374403										
Dade City	FL	33525-8162	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		600.00										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
Varian Medical Systems		s Representative III											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		5200.00	P/R Deduction (\$200.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		660.00										
TOTAL This Period (last page this line nu	mber only)	•											

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

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or	/ information copied from such Reports and Stat for commercial purposes, other than using the n													
\	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an PAC')											
	Full Name of Individual (Last, First, Middle Initial Earwicker, Adam, , ,	) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1614 Towell Lane	1												
	City Escondido	State CA	Zip Code 92029-3110	Transaction ID : PR2498165474403										
-			92029-3110	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Strtgc Bus Devel	Memo Item										
Ì	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼	520.00	P/R Deduction (\$20.00 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial Gowda, Nanda, , ,	rganization Name	Date of Receipt											
	Mailing Address 3863 Irvington Avenue			12 / D D / Y Y Y Y 2020										
	City	State	Zip Code	Transaction ID : PR2498165574403										
-	Miami	FL	33133-6107	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) /arian Medical Systems		upation (for Individual) es Representative IV	Memo Item										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial Hotz, Stephen, , ,	) or Full O	rganization Name	Date of Receipt										
	Mailing Address 623 Eaker Way			12 31 2020										
	City	State	Zip Code	Transaction ID : PR2498165774403										
-	Antioch	CA	94509-6542	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Field Service-Americas	Memo Item										
Ī	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		260.00	P/R Deduction (\$10.00 Bi-Weekly)										
รเ	JBTOTAL of Receipts This Page (optional)		•	120.00										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	Varian Medical Systems, Inc. PA	C ('Vari	an PAC')										
Α.	Full Name of Individual (Last, First, Middle Initia Konzem, Michael, , ,	l) or Full C	rganization Name	Date of Receipt									
	Mailing Address 6233 Solomon Ct			12 31 / Y Y Y Y Y 12 31 2020									
	City	State CA	Zip Code	Transaction ID : PR2498165974403									
	San Jose		95123-5616	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) /Igr CSS Project Mgt	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$10.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia McElvaney, Ann, , ,	l) or Full C	rganization Name	Date of Receipt									
	Mailing Address 2839 Sarles Drive			12 31 2020									
	City	State	Zip Code	Transaction ID : PR2498166074403									
	Yorktown Heights	NY	10598-3322	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) r II Clinical Trng Spec	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia Snyder, Matthew, , ,	l) or Full C	rganization Name	Date of Receipt									
	Mailing Address 204 Hunters Mill Ln Woodstock			M M / D D / Y Y Y Y 12 31 2020									
	City	State GA	Zip Code 30188-3026	Transaction ID : PR2498166274403									
	Woodstock		30100-3020	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		150.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Varian Medical Systems	Sr M	Igr Installations										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify)		1300.00	P/R Deduction (\$50.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			210.00									
т	OTAL This Period (last page this line number on	ıly)	•										

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			Detailed Summary Page	×			-	1b	11c	12					
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n														
$\rangle$	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Varia	an PAC')												
A.	Full Name of Individual (Last, First, Middle Initia Hennie, Alicia, , ,	l) or Full O	rganization Name		Date o	of Re	ece	əipt							
	Mailing Address 1425 4th St SW A608				12 31 Y Y Y Y Y 12 31 2020										
	City	State	Zip Code		Transaction ID : PR2622507974403										
	Washington	DC	20024-2251		_ Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			150.00										
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Id of Gov Affairs, OSS & Emerg E	Bus	Memo Item										
		Aggregate	Year-to-Date ▼												
	Primary General Other (specify) v		1300.00	P/R Deduction (\$50.00 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initia Gong, Cynthia, , ,	l) or Full O	rganization Name		Date o	of Re	ece	eipt							
	Mailing Address 1317 Carrie Lee Way	_			12 12 1 2020 Transaction ID : PR2622508174403										
	City	State	Zip Code												
	San Jose	CA	95118-1404		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Varian Medical Systems		upation (for Individual) Verification Engineer		N	lemo	o l'	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P	/R Dec	luctio	ion	(\$10.0	10.00 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia Foster, Stephanie, , ,	l) or Full O	rganization Name		Date o	of Re	ece	eipt							
	Mailing Address 1833 W Periwinkle Way				12 		′	D D D 31		2020					
	City Chandler	State AZ	Zip Code 85248-4263							25086744					
			00240-4200		Amoun	nt of	E	ach Re	eceipt t	his Period	1				
	FEC ID number of contributing federal political committee.	С					y		,	300	.00				
	Name of Employer (for Individual)	Occu	upation (for Individual)		N	lemo	o I	ltem							
	Varian Medical Systems	VP,	Revenue & Operations Strategy												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		2400.00	]   <sup>F</sup>	P/R Deduction (\$100.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)						9		,	480	.00				
т	OTAL This Period (last page this line number on	ıly)				_	,								

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				or each category of the Detailed Summary Page		¥ 11a 13		11b 14		11c 15		12 16	17			
	ny information copied from such Reports and Sta for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PA	C ('Vari	an	PAC')												
Α.	Full Name of Individual (Last, First, Middle Initia McEvoy, Tommy, , , Mailing Address 3828 Broadview Dr	l) or Full C	)rgar	nization Name	Date of Receipt											
	City Cincinnati	State OH		Zip Code 45208-1948		Tran		ion II	D : P	R2622	5088	7440	3			
	FEC ID number of contributing federal political committee.	С	_		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Varian Medical Systems		•	ion (for Individual) of Strategic Software Solutio		ľ	Nemo	o Iten	n							
	Receipt For: Primary General Other (specify) ▼	rr-to-Date ▼ 480.00		P/R De	ducti	ion (\$	20.0	0 Bi-W	eekly)	)						
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full C	)rgar	nization Name		Date	of Re	eceipt	t							
	Mailing Address City	State		Zip Code												
	· · · · · · · · · · · · · · · · · · ·	Oldie	_		_	Amou	nt of	Each	ו Re	ceipt t	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С	_													
	Name of Employer (for Individual)	Occ	upat	tion (for Individual)		Memo Item										
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с.	Full Name of Individual (Last, First, Middle Initia	l) or Full C	)rgar	nization Name		Date	of Re	eceipt	t							
	Mailing Address	1				M	M /	D	D	/ Y	Y	Y	Y			
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	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼	Date V											
s	UBTOTAL of Receipts This Page (optional)							<u>y</u>		9		60.0	00			
т	OTAL This Period (last page this line number or	ıly)		····· •				-		-	4	274.4	40			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 22 OF 23
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
	y information copied from such Reports and State for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	C ('Variar	n PAC')		
Α.	Full Name (Last, First, Middle Initial) CHC BOLD PAC				Date of Disbursement
	Mailing Address P.O. Box 75357				12 17 2020
	City Washington Purpose of Disbursement	State DC	Zip Code 20013		FEC Identification Number
	Contribution: BOLD PAC Candidate Name			011 Category/	Transaction ID : 83425507 Amount of Each Disbursement this Period
	Senate President	ement For: Primary Other (spe	General cify) ▼	Туре	5000.00 Contribution: BOLD PAC Memo Item
B.	State:       District:         Full Name (Last, First, Middle Initial)         All for Our Country Leadership PA         Mailing Address       611 Pennsylvania Avenue, SE #1				Date of Disbursement
	City Washington Purpose of Disbursement	State DC	Zip Code 20003		FEC Identification Number
	Contribution: All for Our Country Leadership PAC Candidate Name			011 Category/ Type	Transaction ID : 83425509         Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify)	Туре	2500.00 Contribution: All for Our Countr Leadership PAC
C.	Full Name (Last, First, Middle Initial) BFB PAC				Date of Disbursement
	Mailing Address 499 South Capitol St, SW Suite 407				12 18 2020
	City Washington Purpose of Disbursement Contribution: BFB PAC	State DC	Zip Code 20003	011	FEC Identification Number
	Candidate Name	ment Ferr		Category/ Type	Transaction ID : 83425510 Amount of Each Disbursement this Period 2500.00
	Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution: BFB PAC Memo Item
s	State: District: UBTOTAL of Disbursements This Page (optional).			<b>&gt;</b>	10000.00
F	<b>UBTOTAL</b> of Disbursements This Page (optional). <b>OTAL</b> This Period (last page this line number only				10000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)			LINE		BER:				PA	GE	23 OI	= 23	3		
TEMIZED DISBORSEMENTS		category of the Summary Page			21b 28a	2	2 8b		23 28c		26 29		27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar																	
NAME OF COMMITTEE (In Full) Varian Medical Systems, Inc. PAC	; ('Varian	PAC')															
Full Name (Last, First, Middle Initial) A. Carper For Senate Mailing Address PO Box 2882						M	te of 12	Disb /	urser 21	D	t / _ Y	20	20				
City Wilmington Purpose of Disbursement	State DE	Zip Code 19805				FE	C Ide		ation		mber	_					
Contribution: Tom Carper (D-DE) Candidate Name Carper, Thomas, R., Sen.,		[	Cate	011 eg	ory/		Trar	nsac	tion	ID :	<b>8342</b> urser		this Pe	eriod			
XSenatePresident	ment For: 2 Primary Other (spec	General				Contribution: Tom Car Memo Item								D-DE			
State: DE District: Full Name (Last, First, Middle Initial) B.						Dat	te of	Disb			t	V	¥.		—		
Mailing Address						IVI	= M										
- 0	State	Zip Code				FE	C Ide	ntific	ation	Nu	mber						
Purpose of Disbursement Candidate Name		[	Cate	eg		C	ount	of E	ach I	Disb	urser	nent	this Pe	eriod	_		
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		<u>yp</u>	<u> </u>												
State: District: Full Name (Last, First, Middle Initial)															_		
C. Mailing Address						Dat	te of	Disb /	D	_		Y	YY				
City	State	Zip Code				FE	C Ide	ntific	ation	Nu	mber						
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	ment For: Primary	General	Cate T	eg yp	e		Juni	JI E		מפוכ		ilent	this Pe				
State: District:	Other (spec	cify) ▼					Men	no It	em								
SUBTOTAL of Disbursements This Page (optional)						Γ						2	2500.00	)	1		
TOTAL This Period (last page this line number only						Ē					,	12	2500.00	)	1		