

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

REGISTRATION
FEDERAL ELECTION
COMMISSION
MAX RUMP

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Varian Associates, Inc. Employee's Political Action Committee | 2. DATE September 10, 1996 |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 3100 Hansen Way, E-D29 | 3. FEC IDENTIFICATION NUMBER 000224543 |
| (c) City, State and ZIP Code Palo Alto, CA 94304 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund of a party committee

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|---|--------------|
| Varian Associates, Inc. | 3100 Hansen Way, E-029 Palo Alto, CA 94304 | Connected |

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-------------------|---|-------------------|
| Gerald T. Mugnolo | 3100 Hansen Way, E-029 Palo Alto, CA 94304 | Treasurer |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-------------------|--------------------------------------|---------------------|
| Gerald T. Mugnolo | 3100 Hansen Way, Palo Alto, CA 94304 | Treasurer |
| Derrel DePasse | 3050 Hansen Way, Palo Alto, CA 94304 | Assistant Treasurer |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--------------------------------|--|
| Bank of America | 2600 El Camino Real Palo Alto, CA 94306 |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | | |
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| TYPE OR PRINT NAME OF TREASURER Gerald T. Mugnolo | SIGNATURE OF TREASURER <i>Gerald T. Mugnolo</i> | DATE 9/10/96 |
|--|--|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

