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LOBBYING REPORT

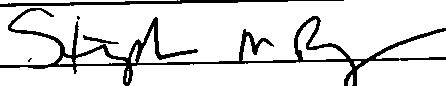
Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| | | | |
|---|----------------------------------|-------------------|---------------------------------|
| 1. Registrant Name Manatt, Phelps & Phillips | | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported 700 12th Street, N.W., Suite 1100 Washington, D.C. 20005 | | | |
| 3. Principal Place of Business (if different from line 2) City: same as above State/Zip (or Country) | | | |
| 4. Contact Name Stephen M. Ryan | Telephone 202-585-6500 | E-mail (optional) | 5. Senate ID # 23645- |
| 7. Client Name <input type="checkbox"/> Self Varian Medical Systems, Inc. | | | 6. House ID # 302071 |

TYPE OF REPORT8. Year 2004Midyear (January 1 - June 30) ☐**OR**Year End (July 1 - Dec 31) ☐9. Check if this filing amends a previously filed version of this report ☐10. Check if this is a Termination Report ☐ Termination Date _____11. No Lobbying ☐**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| | |
|---|--|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> \$ <u>100,000</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for the reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LD.</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|---|--|

Signature _____



Printed Name and Title

Stephen M. Ryan, Partner

Form LD-2 (Rev. 8/99)

Registrant Name Manatt, Phelps & Phillips Client Name Varian Medical Systems, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each information as requested. Attach additional page(s) as needed.**

15. General issue area code GOV (one per page)

16. Specific lobbying issues

Devices to protect US Homeland Security/Port Security

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

U.S. Senate
U.S. House of Representatives
Transportation Security Administration
Bureau of Customs and Border Patrol

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-----------------|---|
| Stephen M. Ryan | |
| John Dutton | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature

Stephen M. Ryan

Date 02/02/05

Signature _____

Printed Name and Title Stephen M. Ryan, Partner

Stephen M. Ryan, Partner

Form LD-2 (Rev. 8/99)

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Registrant Name Manatt, Phelps & Phillips, LLP Client Name Varian Medical Systems, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Robert M. McNamara, Jr.
Peter P. Arapis

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of B (city and state or co |
|------|---------|---|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|--|---|
| | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the re
affiliated organization

Signature

Stephen M. Ryan

Date

02/02/05

Printed Name and Title

Stephen M. Ryan, Partner

