

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
INTUTIVE SURGICAL INC PAC

ADDRESS (number and street) 1266 KIFER ROAD BLDG 101
 Check if different than previously reported. (ACC)
SUNNYVALE CA 94086

2. **FEC IDENTIFICATION NUMBER** C00462622
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Marshall L. Mohr

Signature of Treasurer Electronically Filed by Marshall L. Mohr Date 01 26 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
INTUTIVE SURGICAL INC PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
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| 2 | 0 | 0 | 9 |

 To:

| | |
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| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 0.00 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 29580.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 45340.00 | 79720.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 74920.00 | 79720.00 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 11390.75 | 16190.75 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 63529.25 | 63529.25 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
INTUTIVE SURGICAL INC PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 43800.00 | 77800.00 |
| (ii) Unitemized | 1540.00 | 1920.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 45340.00 | 79720.00 |
| (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) | 45340.00 | 79720.00 |
| 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 Transfer (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)) | 45340.00 | 79720.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 45340.00 | 79720.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 11300.00 | 16100.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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..... | 90.75 | 90.75 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 11390.75 | 16190.75 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11390.75 | 16190.75 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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 | 45340.00 | 79720.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 45340.00 | 79720.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 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 | 0.00 |

**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 / 19 |
| | <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 | |

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)
INTUTIVE SURGICAL INC PAC

| | | | | | |
|---|---|---------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Ryan Barrett | | Date of Receipt MM / DD / YYYY 08 / 07 / 2009 | | |
| | Mailing Address 117 Kodiak Way #2101 | | Transaction ID: SA11AI.4220 | | |
| | City Waltham | State MA | Zip Code 02451 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Intuitive Surgical, Inc. | Occupation Manager, Clinical Sales | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Sandra M. Besch | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 | | |
| | Mailing Address 1277 Jersey St | | Transaction ID: SA11AI.4184 | | |
| | City Denver | State CO | Zip Code 80220 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Event Networks Inc | Occupation Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|---|---------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Aleksandar Cukic | | Date of Receipt MM / DD / YYYY 07 / 06 / 2009 | | |
| | Mailing Address 327 4 Mile Road | | Transaction ID: SA11AI.4178 | | |
| | City Racine | State WI | Zip Code 53402 | Amount of Each Receipt this Period 1500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Intuitive Surgical, Inc. | Occupation Vice President Strategy | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| 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 7 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) Timothy V. Doherty | | Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 2 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 2 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| Mailing Address 6 Santa Victoria Ct | | Transaction ID: SA11AI.4194 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Novato CA 94945 | Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Intuitive Surgical, Inc. | Occupation Director of Lab Services | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |

B.

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) Christopher Dunn | | Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 3 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 3 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| Mailing Address 328 Garden St. Unit 2 | | Transaction ID: SA11AI.4251 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Hoboken NJ 07030 | Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table> | | 400.00 | | | | | | | | | | | | | | | | | | | |
| 400.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Intuitive Surgical, Inc. | Occupation Area Sales Manager | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table> | | 400.00 | | | | | | | | | | | | | | | | | | | |
| 400.00 | | | | | | | | | | | | | | | | | | | | | | |

C.

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) Gary C. Ettinger | | Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 0 | 9 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 0 | 9 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| Mailing Address 10948 Sycamore Dr. | | Transaction ID: SA11AI.4181 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Cupertino CA 95014-6560 | Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Intuitive Surgical, Inc. | Occupation Sr. Mechanical Engineer | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | <table border="1" style="width: 100%;"><tr><td>900.00</td></tr></table> | 900.00 |
| 900.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td> </td></tr></table> | |
| | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 8 / 19 |
| (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)
INTUTIVE SURGICAL INC PAC

| | | | | |
|---|---|------------------------------------|---|---|
| A. | Full Name (Last, First, Middle Initial) Craig Ferluge | | Date of Receipt MM / DD / YYYY 11 / 13 / 2009 | |
| | Mailing Address 457 Rugby Rd | | Transaction ID: SA11AI.4253 | |
| | City Brooklyn | State NY | Zip Code 11226 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Intuitive Surgical, Inc. | | Occupation Clinical Sales Rep | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 225.00 | | |

| | | | | |
|---|---|------------------------------------|---|---|
| B. | Full Name (Last, First, Middle Initial) Craig Ferluge | | Date of Receipt MM / DD / YYYY 11 / 30 / 2009 | |
| | Mailing Address 457 Rugby Rd | | Transaction ID: SA11AI.4255 | |
| | City Brooklyn | State NY | Zip Code 11226 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Intuitive Surgical, Inc. | | Occupation Clinical Sales Rep | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | | |
|---|---|------------------------------------|---|---|
| C. | Full Name (Last, First, Middle Initial) Craig Ferluge | | Date of Receipt MM / DD / YYYY 12 / 15 / 2009 | |
| | Mailing Address 457 Rugby Rd | | Transaction ID: SA11AI.4258 | |
| | City Brooklyn | State NY | Zip Code 11226 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Intuitive Surgical, Inc. | | Occupation Clinical Sales Rep | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 375.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 225.00 |
| 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 9 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Craig Ferluge

Mailing Address 457 Rugby Rd

City State Zip Code
Brooklyn NY 11226

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

Name of Employer
Intuitive Surgical, Inc.

Occupation
Clinical Sales Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Davinder Gupta

Mailing Address 855 Pacheco Dr.

City State Zip Code
Milpitas CA 95035-4523

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

Name of Employer
Intuitive Surgical, Inc.

Occupation
Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: SA11AI.4231

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dianne P. Halvorson

Mailing Address 950 Corte Augusta

City State Zip Code
Camarillo CA 93010

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

Name of Employer
Spouse of Board Member

Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2075.00**

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 10 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Eric H. Halvorson

Mailing Address 950 Corte Augusta

City State Zip Code
Camarillo CA 93010

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

Name of Employer Board Member - Intuitive Occupation Board of Directors - Intuitive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2009

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Brandon D. Itkowitz

Mailing Address 1249 Lakeside Dr.
Apt 1050

City State Zip Code
Sunnyvale CA 94085

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

Name of Employer Intuitive Surgical, Inc. Occupation Sr. Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.4216

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Daniel Jones

Mailing Address 716 South Overlook Drive

City State Zip Code
Alexandria VA 22305

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

Name of Employer Intuitive Surgical, Inc Occupation Director, IP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2009

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 11 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Pamela W. Jones

Mailing Address 716 South Overlook Drive

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
Substitute Teacher Part-Time Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Kathryn G. Lyall

Mailing Address 7791 SW 57th Ln

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
Intuitive Surgical, Inc. Clinical Sales Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Scott Manzo

Mailing Address 272 E. Village Rd

City State Zip Code
Shelton CT 06484

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

Name of Employer Occupation
Intuitive Surgical, Inc. Principal Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: SA11AI.4198

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

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 / 19
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Julia Marquardt

Mailing Address 50 North Pine Circle

City Belleair State FL Zip Code 33756-1512

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

Name of Employer Intuitive Surgical, Inc. Occupation Key Accounts Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2009

Transaction ID: SA11AI.4227

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Jerome J. McNamara

Mailing Address 3072 NW 60th St

City Boca Raton State FL Zip Code 33496

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

Name of Employer Intuitive Surgical, Inc. Occupation Executive Vice President, WW Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period 5000.00

C.

Full Name (Last, First, Middle Initial)
Sally K. McNamara

Mailing Address 3072 NW 60th Street

City Boca Raton State FL Zip Code 33496

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

Name of Employer Spouse of Intuitive Employee Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10500.00

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 13 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
John Murtha

Mailing Address 1087 Konstanz Ter

City Sunnyvale State CA Zip Code 94089-2126

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

Name of Employer Intuitive Surgical, Inc. Occupation VP Continuous Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.4188
Amount of Each Receipt this Period: 1500.00

B.

Full Name (Last, First, Middle Initial)
Nancy Murtha

Mailing Address 1087 Konstanz ter

City Sunnyvale State CA Zip Code 94089-2126

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

Name of Employer Spouse of Intuitive Surgical Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.4186
Amount of Each Receipt this Period: 1500.00

C.

Full Name (Last, First, Middle Initial)
Travis Murtha

Mailing Address 1 Pearl Street

City Denver State CO Zip Code 80203

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

Name of Employer Wood, Ris & Hames Occupation Legal Staff-Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.4182
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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 14 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Eugene T. Nagel | | Date of Receipt MM / DD / YYYY 07 / 25 / 2009 |
| Mailing Address 7790 E. Via Del Sol Dr | | Transaction ID: SA11AI.4196 |
| City Scottsdale | State AZ | Zip Code 85255-4019 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Intuitive Surgical, Inc. | Occupation VP Sales Training and Engineering | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Arturo C. Racelis | | Date of Receipt MM / DD / YYYY 10 / 15 / 2009 |
| Mailing Address 3335 Machado Ave | | Transaction ID: SA11AI.4240 |
| City Santa Clara | State CA | Zip Code 95051 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Intuitive Surgical, Inc. | Occupation Supplier Quality Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Arturo C. Racelis | | Date of Receipt MM / DD / YYYY 11 / 23 / 2009 |
| Mailing Address 3335 Machado Ave | | Transaction ID: SA11AI.4257 |
| City Santa Clara | State CA | Zip Code 95051 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Intuitive Surgical, Inc. | Occupation Supplier Quality Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| 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 15 / 19
(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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Arturo C. Racelis

Mailing Address 3335 Machado Ave

City State Zip Code
Santa Clara CA 95051

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

Name of Employer Intuitive Surgical, Inc. Occupation Supplier Quality Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.4260

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Heather Rider

Mailing Address 4421 Granger St.

City State Zip Code
San Diego CA 92107

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

Name of Employer Intuitive Surgical, Inc. Occupation Vice President of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4247

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Mark J. Rubash

Mailing Address 3392 Monte Sereno Terrace

City State Zip Code
Fremont CA 94539

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

Name of Employer Shutterfly Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.4190

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7100.00**

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 16 / 19 |
| | <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)
INTUTIVE SURGICAL INC PAC

A.

Full Name (Last, First, Middle Initial)
Andy Sale

Mailing Address 1706 Championship Blvd

City State Zip Code
Franklin TN 37064

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

Name of Employer Intuitive Surgical, Inc. Occupation Area Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 20 / 2009
Transaction ID: SA11AI.4222
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
David Stoffel

Mailing Address 9913 Holt Rd

City State Zip Code
Carmel CA 93923

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

Name of Employer Intuitive Surgical, Inc. Occupation Sr. Director, New Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11AI.4179
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Joellen V. Stoffel

Mailing Address 9913 Holt Road

City State Zip Code
Carmel CA 93923

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

Name of Employer Menlo Medical Clinic Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11AI.4180
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 17 / 19 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
INTUTIVE SURGICAL INC PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Karen Uyesugi | | Date of Receipt |
| Mailing Address 5 Weber Lane | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2009 |
| City | State | Zip Code |
| Coto De Caza | CA | 92679 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4200 |
| C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 1000.00 |
| Name of Employer Intuitive Surgical, Inc. | Occupation VP Regulatory Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 1000.00 | |

B.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dave Vort | | Date of Receipt |
| Mailing Address 625 Guinda St. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2009 |
| City | State | Zip Code |
| Palo Alto | CA | 94301 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4237 |
| C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 300.00 |
| Name of Employer Intuitive Surgical, Inc. | Occupation Director of Area Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 300.00 | |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1300.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 43800.00 |

**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)

PAGE 18 / 19

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
INTUTIVE SURGICAL INC PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS | Transaction ID: SB23.4283 Date of Disbursement MM / DD / YYYY 12 / 04 / 2009 |
| | Mailing Address 555 Capitol Mall, Suite 1425 | Amount of Each Disbursement this Period 2600.00 |
| | City Sacramento State CA Zip Code 95814 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DESAULNIER FOR CONGRESS | Transaction ID: SB23.4277 Date of Disbursement MM / DD / YYYY 07 / 21 / 2009 |
| | Mailing Address 5429 MADISON AVENUE | Amount of Each Disbursement this Period 500.00 |
| | City SACRAMENTO State CA Zip Code 95841 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD | Transaction ID: SB23.4281 Date of Disbursement MM / DD / YYYY 09 / 24 / 2009 |
| | Mailing Address PO BOX 812 | Amount of Each Disbursement this Period 1000.00 |
| | City BISMARCK State ND Zip Code 58502 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 4100.00 |
| 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)
INTUTIVE SURGICAL INC PAC

A. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4270
Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

2400.00

B. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4273
Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

2400.00

C. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4279
Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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

11300.00