## 01/26/2010 20:58

## Image# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions ) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL INTUTIVE SURGICAL INC PAC (b) Number and Street Address 1266 KIFER ROAD BLDG 101 2. FEC IDENTIFICATION NUMBER C00462622 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY SUNNYVALE CA 94086 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) 06/09/2009 Anna Eshoo House CA 14 (ii) Orrin Hatch UT 06/22/2009 Senate (iii) Nancy Pelosi House CA 08 07/09/2009 (iv) Mark DeSaulinier House CA 10 07/22/2009 (v) Pete Stark House CA 13 09/02/2009 (b) Contributors: The committee received a contribution from its 51st contributor 10/26/2009 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 06/02/2009 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Marshall L. Mohr 01/26/2010 Marshall L. Mohr Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact:

Local 202-694-1100

Federal Election Commission, Washington, DC 20463 FEC FORM 1 M Toll-free 800-424-9530 Revised 1/2001