

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

2009 JUN -3 A 9-35
12FE4M5

INTUITIVE SURGICAL, INC. PAC

ADDRESS (number and street)

1 2 6 6 K I F E R R O A D , B L D G . 1 0 1

(Check if address is changed)

S U N N Y V A L E

C A

9 4 0 8 6 - 5 3 0 4

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

I S R G P A C @ I N T U S U R G . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

4 0 8 - 5 2 3 - 1 3 9 0

2. DATE

0 5 / 1 9 / 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

MARSHALL MOHR

Signature of Treasurer

Date

0 6 / 0 2 / 2 0 0 9

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.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

29030094555

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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (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 or party committee.

6. Name of Any Connected Organization or Affiliated Committee

INTUITIVE SURGICAL, INC.

Mailing Address 1266 KIFER ROAD, BLDG. 101

SUNNYVALE CA 94086-5304

CITY STATE ZIP CODE

Relationship CONNECTED ORGANIZATION

Type of Connected Organization:

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

29030094556

Write or Type Committee Name

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 | B | R | I | A | N | G | A | W | L | E |

Mailing Address | 1 | 2 | 6 | 6 | K | I | F | E | R | R | O | A | D | , | B | L | D | G | . | 1 | 0 | 1 |

| S | U | N | N | Y | V | A | L | E | | C | A | | 9 | 4 | 0 | 8 | 6 | - | 5 | 3 | 0 | 4 |

Title or Position | CITY STATE ZIP CODE

| A | S | S | T . . . T | R | E | A | S | U | R | E | R | Telephone number | 4 | 0 | 8 | - | 2 | 0 | 3 | - | 0 | 8 | 1 | 2 |

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 of Treasurer | M | A | R | S | H | A | L | L | M | O | H | R |

Mailing Address | 1 | 2 | 6 | 6 | K | I | F | E | R | R | O | A | D | , | B | L | D | G | . | 1 | 0 | 1 |

| S | U | N | N | Y | V | A | L | E | | C | A | | 9 | 4 | 0 | 8 | 6 | - | 5 | 3 | 0 | 4 |

Title or Position | CITY STATE ZIP CODE

| T | R | E | A | S | U | R | E | R | Telephone number | 4 | 0 | 8 | - | 5 | 2 | 3 | - | 2 | 1 | 6 | 0 |

Full Name of Designated Agent | B | R | I | A | N | G | A | W | L | E |

Mailing Address | 1 | 2 | 6 | 6 | K | I | F | E | R | R | O | A | D | , | B | L | D | G | . | 1 | 0 | 1 |

| S | U | N | N | Y | V | A | L | E | | C | A | | 9 | 4 | 0 | 8 | 6 | - | 5 | 3 | 0 | 4 |

Title or Position | CITY STATE ZIP CODE

| A | S | S | T . . . T | R | E | A | S | U | R | E | R | Telephone number | 4 | 0 | 8 | - | 2 | 0 | 3 | - | 0 | 8 | 1 | 2 |

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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.

W E L L S F A R G O B A N K

Mailing Address

4 0 0 H A M I L T O N A V E N U E

S U I T E 2 1 0

P A L O A L T O C A 9 4 3 0 1 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

20030094558

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
-Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp.* Shipping Date
6/12/07
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JWB
 PREPARER

6/13/07
 DATE PREPARED

29030094559