

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 01 01 2009 through 06 30 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 07 22 2009

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							
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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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	0.00									
(c) Total Receipts (from Line 19)	34380.00	34380.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34380.00	34380.00								
7. Total Disbursements (from Line 31)	4800.00	4800.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29580.00	29580.00								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
INTUTIVE SURGICAL INC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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)	34000.00	34000.00
(ii) Unitemized	380.00	380.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34380.00	34380.00
(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)	34380.00	34380.00
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))	34380.00	34380.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34380.00	34380.00

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.....	4800.00	4800.00
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.....	0.00	0.00
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))..	4800.00	4800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4800.00	4800.00

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)	34380.00	34380.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34380.00	34380.00
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: PAGE 6 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Jane A. Brogna
Mailing Address 551 Montori Ct.
City Pleasanton State CA Zip Code 94566
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
06 / 29 / 2009
Transaction ID: SA11AI.4147
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Sal Brogna
Mailing Address 551 Montori Ct.
City Pleasanton State CA Zip Code 94566
FEC ID number of contributing federal political committee. **C**
Name of Employer Intuitive Surgical, Inc. Occupation Vice President, Engineering
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
06 / 29 / 2009
Transaction ID: SA11AI.4128
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Agusto Castello
Mailing Address 4991 Gardenside Pl
City San Jose State CA Zip Code 95138-2730
FEC ID number of contributing federal political committee. **C**
Name of Employer Intuitive Surgical, Inc. Occupation Vice President of Manufacturing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
06 / 23 / 2009
Transaction ID: SA11AI.4113
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 7500.00
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 / 10
(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)
Myriam J. Curet

Mailing Address 2130 Prospect Street

City State Zip Code
Menlo Park CA 94025-6233

FEC ID number of contributing federal political committee. C

Name of Employer Intuitive Surgical, Inc Occupation Chief Medical Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period 600.00

B.

Full Name (Last, First, Middle Initial)
Dawn Cymrot Guthart

Mailing Address 860 Mora Dr

City State Zip Code
Los Altos CA 94024

FEC ID number of contributing federal political committee. C

Name of Employer Adolescent Counseling Service Occupation Intern Psychologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period 5000.00

C.

Full Name (Last, First, Middle Initial)
Gary Steven Guthart

Mailing Address 860 Mora Drive

City State Zip Code
Los Altos CA 94024

FEC ID number of contributing federal political committee. C

Name of Employer Intuitive Surgical, Inc Occupation President & Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 10600.00

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 8 / 10
(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)
Jules E. Kurtz

Mailing Address 736 Durshire Way

City State Zip Code
Sunnyvale CA 94087

FEC ID number of contributing federal political committee. C

Name of Employer Intuitive Surgical, Inc. Occupation Supervisor, Technical Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 25 / 2009

Transaction ID: SA11AI.4124

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Tim R. McAdams

Mailing Address 618 Orange Ave

City State Zip Code
Los Altos CA 94022

FEC ID number of contributing federal political committee. C

Name of Employer Stanford University Occupation Orthopedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period 600.00

C.

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

Mailing Address 228 Byron Street

City State Zip Code
Palo Alto CA 94301-1307

FEC ID number of contributing federal political committee. C

Name of Employer Intuitive Surgical, Inc Occupation Vice President and General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.4109

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 5900.00

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 9 / 10
	<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)
Marshall L. Mohr

Mailing Address 180 Heather Drive

City Atherton State CA Zip Code 94027

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

Name of Employer Intuitive Surgical, Inc. Occupation Sr Vice President and CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 19 / 2009

Transaction ID: SA11AI.4153

Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Carmen Maria Santos

Mailing Address 4991 Gardenside Pl

City San Jose State CA Zip Code 95138-2730

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 23 / 2009

Transaction ID: SA11AI.4141

Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Lonnie M. Smith

Mailing Address 14363 Chester Ave.

City Saratoga State CA Zip Code 95070

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

Name of Employer Intuitive Surgical, Inc. Occupation Chairman and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 05 / 2009

Transaction ID: SA11AI.4108

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00

TOTAL This Period (last page this line number only) ► 34000.00

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)

<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

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 14

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.4134

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

2400.00

B. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: UT District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.4139

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

4800.00