

# 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 2011 through 06 30 2011

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 06 30 2011

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 | 1 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X                       | Y                                 | Y | Y | 2 | 0 | 1 | 1 |  | 35829.25 |
| X   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 1 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 35829.25                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 48150.00                | 48150.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 83979.25                | 83979.25                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 16000.00                | 16000.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 67979.25                | 67979.25                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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**

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 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 47500.00                      | 47500.00                          |
| (ii) Unitemized .....  | 650.00                        | 650.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 48150.00                      | 48150.00                          |
| (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) .....     | 48150.00                      | 48150.00                          |
| 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)) .....                          | 48150.00                      | 48150.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 48150.00                      | 48150.00                          |

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>Expenditures.....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 16000.00                      | 16000.00                          |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                          | 0.00                              |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds<br>(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<br>(from Schedule H6)   |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 16000.00                      | 16000.00                          |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 16000.00                      | 16000.00                          |

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 48150.00                      | 48150.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 48150.00                      | 48150.00                          |
| 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 / 14  
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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)  
Henry L Charlton

Mailing Address 2325 Spruce Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Intuitive Surgical, Inc Occupation Sr. Director Key Account

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 10 / 2011

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period 2500.00

**B.**

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

Mailing Address 860 Mora Dr

City Los Altos State CA Zip Code 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 03 / 17 / 2011

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period 5000.00

**C.**

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

Mailing Address 860 Mora Drive

City Los Altos State CA Zip Code 94024

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 17 / 2011

Transaction ID: SA11AI.4360

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |             |
|---|---|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br>(check only one) | PAGE 7 / 14 |
|   | <input checked="" 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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Eric H. Halvorson        | Date of Receipt<br>MM / DD / YYYY<br>04 / 04 / 2011 |
|   | Mailing Address 950 Corte Augusta                                   | <b>Transaction ID:</b> SA11AI.4363                  |
|   | City State Zip Code<br>Camarillo CA 93010                           | Amount of Each Receipt this Period<br>2000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Board Member - Intuitive  | Occupation<br>Board of Directors - Intuitive                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Amal M Johnson           | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2011 |
|   | Mailing Address 120 Crest Road                                      | <b>Transaction ID:</b> SA11AI.4377                  |
|   | City State Zip Code<br>Woodside CA 94062                            | Amount of Each Receipt this Period<br>2000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Board Memeber - Intuitive   | Occupation<br>Board of Director - Intuitive                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel Jones             | Date of Receipt<br>MM / DD / YYYY<br>04 / 27 / 2011 |
|   | Mailing Address 716 South Overlook Drive                            | <b>Transaction ID:</b> SA11AI.4379                  |
|   | City State Zip Code<br>Alexandria VA 22305                          | Amount of Each Receipt this Period<br>2000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Intuitive Surgical, Inc   | Occupation<br>Director, IP Development                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00                                 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 6000.00 |
| <b>TOTAL</b> 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 / 14  
(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  
04 / 27 / 2011

Transaction ID: SA11AI.4380

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Q Larkin

Mailing Address 1001 Carolyn Avenue

City State Zip Code  
San Jose CA 95125

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

Name of Employer Occupation  
Intuitive Surgical, Inc Managing Fellow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2011

Transaction ID: SA11AI.4385

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Floyd D Loop

Mailing Address 710 County Line Road

City State Zip Code  
Gates Mills OH 44040-9302

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2011

Transaction ID: SA11AI.4367

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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 / 14 |
|   | <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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Myriam Curet McAdams     | Date of Receipt<br>MM / DD / YYYY<br>04 / 19 / 2011 |
|   | Mailing Address 618 Orange Avenue                                   | <b>Transaction ID:</b> SA11AI.4371                  |
|   | City State Zip Code<br>Los Altos CA 94002                           | Amount of Each Receipt this Period<br>1500.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Intuitive Surgical, Inc.  | Occupation<br>Chief Medical Advisor                                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Tim R. McAdams           | Date of Receipt<br>MM / DD / YYYY<br>04 / 19 / 2011 |
|   | Mailing Address 618 Orange Ave                                      | <b>Transaction ID:</b> SA11AI.4373                  |
|   | City State Zip Code<br>Los Altos CA 94022                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Stanford University   | Occupation<br>Orthopedic Surgeon                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mark J. Meltzer          | Date of Receipt<br>MM / DD / YYYY<br>04 / 14 / 2011 |
|   | Mailing Address 228 Byron Street                                    | <b>Transaction ID:</b> SA11AI.4369                  |
|   | City State Zip Code<br>Palo Alto CA 94301-1307                      | Amount of Each Receipt this Period<br>5000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Intuitive Surgical, Inc   | Occupation<br>Vice President and General Counsel                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00                                 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 / 14                 |
|   | (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 Nagel

Mailing Address 8567 E. Oeverlook Drive

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Intuitive Surgical, Inc. Occupation VP Sales Training and Engineering

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 4 / 1 2 / 2 0 1 1

**Transaction ID:** SA11AI.4365

Amount of Each Receipt this Period  
5000.00

**B.**

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 4 / 2 1 / 2 0 1 1

**Transaction ID:** SA11AI.4376

Amount of Each Receipt this Period  
5000.00

**C.**

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 1 1

**Transaction ID:** SA11AI.4382

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 11 / 14                |                             |
|   | (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"/> 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

|   |  |                                     |  |                                    |
|---|--|-------------------------------------|--|------------------------------------|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Lonnie Smith    |                                     | Date of Receipt                            |                                    |
|   | Mailing Address 14363 Chester Ave                          |                                     | M M / D D / Y Y Y Y<br>0 2 / 1 4 / 2 0 1 1 |                                    |
|   | City   | State                               | Zip Code                                   | <b>Transaction ID:</b> SA11AI.4359 |
|   | Saratoga   | CA                                  | 95070                                      |                                    |
|   | FEC ID number of contributing federal political committee. |                                     | Amount of Each Receipt this Period         |                                    |
|   | C  |                                     | 5000.00                                    |                                    |
| Name of Employer<br>Intuitive Surgical, Inc   |  | Occupation<br>Chairman of the Board |  |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00 |  |                                    |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 47500.00 |

**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 12 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>ANNA ESHOO FOR CONGRESS   | Transaction ID: SB23.4442   |
|    | Mailing Address 555 CAPITOL MALL, SUITE 1425   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 28 / 2011  |
|    | City SACRAMENTO State CA Zip Code 95814  | Amount of Each Disbursement this Period<br>1000.00  |
|    | Purpose of Disbursement  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>BEN CARDIN FOR SENATE   | Transaction ID: SB23.4443   |
|    | Mailing Address P.O. BOX 21093   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 23 / 2011  |
|    | City CATONSVILLE State MD Zip Code 21228   | Amount of Each Disbursement this Period<br>2500.00  |
|    | Purpose of Disbursement  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>BILL NELSON FOR U S SENATE  | Transaction ID: SB23.4444   |
|    | Mailing Address 972 W WHITMIRE DRIVE   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 10 / 2011  |
|    | City MELBOURNE State FL Zip Code 32935   | Amount of Each Disbursement this Period<br>2500.00  |
|    | Purpose of Disbursement  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6000.00 |
| <b>TOTAL</b> 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)

PAGE 13 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FEINSTEIN FOR SENATE</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>                 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>                 State: District:</p>          | <p><b>Transaction ID:</b> SB23.4445<br/><b>Date of Disbursement</b><br/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period<br/> <input type="text"/> 2500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FEINSTEIN FOR SENATE</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>                 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>                 State: District:</p>          | <p><b>Transaction ID:</b> SB23.4446<br/><b>Date of Disbursement</b><br/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period<br/> <input type="text"/> 2500.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JACKIE SPEIER FOR CONGRESS</p> <p>Mailing Address POST OFFICE BOX 112</p> <p>City BURLINGAME State CA Zip Code 94011</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>                 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>                 State: District:</p> | <p><b>Transaction ID:</b> SB23.4447<br/><b>Date of Disbursement</b><br/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period<br/> <input type="text"/> 2500.00</p> |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text"/> 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**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 14 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Kay Hagan for US Senate

Transaction ID: SB23.4448

Date of Disbursement

Mailing Address 426 C Street, NE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

|  |
|--|
|  |
|--|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

16000.00