Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page 1 of 2 Page(s)
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|   |                | ype or print clear<br>e instructions at |  |   |          |  |  |                                     |  |                | JIMI           | IL OF IDA |  |
|---|----------------|---|--|---|----------|--|--|-------------------------------------|--|----------------|----------------|-----------|--|
| Lobbvist's name and permanent business address  |                |   |  |   |          | Date prepared  |  |                                     |  | Period covered |                |           |  |
| Apple   |                |   |  |   |          |  | month ending   |                                     |  |                |                |           |  |
| c/o Nielsen Merksamer et al.<br>2350 Kerner Blvd., Suite 250  |                |   |  |   |          |  |  |                                     |  | (Mo.           | ) (Day         | ) (Yr.)   |  |
|   | 94901          |   |  |   | 2/9/2010 |  |  | 01                                  | 31   | 2010           |                |           |  |
| Item  | -              |   |  |   |          | -1 1   | Landa Landa de Landa | 1                                   | 116  |                |                |           |  |
| 1   |                | <u> </u>                                | ble expenditures made o                                  |   |          |  |  | •                                   |  |                |                | oloyer.   |  |
| Reimbursed Personal Living and Travel *Total Amount for   |                |   |  | Proportionate amounts contributed ltem 3, at bottom of page.) |          |  |  |                                     |  |                |                |           |  |
| Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported  |                |   | Till Employers   | Employer No. 1  |          |  | Employer No. 2   | Employer No. 3                      |  | 5. 3           | Employer No. 4 |           |  |
| Entertai  |                |   | 0.00   | 0.00  |          |  |  | •                                   |  | ·              |                |           |  |
|   | nd Refreshme   |   | 0.00   |   |          |  | )  | \$                                  |  |                | \$             |           |  |
| -   | Accommoda      | uons                                    | 0.00   |   |          | _   -  | 2  |                                     |  |                | ****           | _         |  |
| Adverti   | sing           |   | 0.00   |   |          | -  |  |                                     |  |                |                |           |  |
| Travel  |                |   | 0.00   | 0.00  |          | -  |  |                                     |  |                |                |           |  |
| Telephone Other Expenses or Services  |                |   | 0.00   | 0.00  |          | )  -   | *****  |                                     |  |                |                |           |  |
|   |                | )                                       |  |   |          | -  |  |                                     |  |                |                |           |  |
|   |                | Total                                   | 0.00   | \$  | 0.00     | s  | 0.00   | \$                                  |  | 0.00           | \$             | 0.00      |  |
|   |                |   |  |   |          | _  |  |                                     |  |                |                |           |  |
| *When t   |                |   | ire reporting for requires m<br>diture of more than seve |   |          |  |  |                                     |  |                |                |           |  |
| Item-   |                | of their house                          |  |   |          | , 101  |  |                                     |  |                |                |           |  |
| 2   | Date           |   | Place  | Amo   |          | ount   | 1  |                                     | tors, Public and Executive Officials sehold Members in Group |                |                |           |  |
|   |                |   |  |   |          |  |  |                                     |  |                |                |           |  |
|   |                |   |  |   |          |  |  |                                     |  |                |                |           |  |
|   |                |   |  |   |          |  |  |                                     |  |                |                |           |  |
|   |                |   |  |   |          |  |  |                                     |  |                |                |           |  |
|   |                |   |  |   |          |  |  |                                     |  |                |                |           |  |
|   | Continued on a | attached page(s)                        |  |   |          |  |  |                                     |  |                |                |           |  |
| INSTRUCTIONS  |                |   |  |   |          | Item<br>3  | E  | Employer(s) Name(s) and Address(es) |  |                |                |           |  |
|   |                |   |  | _   |          |  | Apple Inc. c/o I   | Vielsen                             | Merksa   | amer           | et al.         |           |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                |   |  |   | N        | Apple Inc. c/o Nielsen Merksamer et al.  2350 Kerner Blvd., Suite 250, San Rafael CA 94901 |  |                                     |  |                |                |           |  |
|   |                |   |  |   | the N    | o. 2   |  |                                     |  |                |                |           |  |
| TO BE FILED WITH:   |                |   |  |   |          |  |  |                                     |  | _              |                |           |  |
| Ben Ysursa<br>Secretary of State  |                |   |  |   |          | o. 3   |  |                                     |  |                |                |           |  |
| PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282   |                |   |  |   |          | o. 4   |  |                                     |  |                |                |           |  |

## Item 4 is no longer statutorily required.

| Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which                          |       |   | LEGISLATIVE SUBJECT IDENTIFICATION |  |   |  |   |  |  |
|---|-------|---|------------------------------------|--|---|--|---|--|--|
| Subject<br>(from  | the L | obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number NONE |                                    | Code<br>01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state  | Code<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) |  |  |
| Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.  NONE |       |   |                                    |  | CERTIFICATION: I hereby certify correct statement in accordance with the company of the company |  |   |  |  |