Rev. 11/2011



State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

✓ ANNUAL

SEMI-ANNUAL

To Be Filed By

L-2

LOBBYISTS (Sec. 67-6619)

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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Apple Inc. year ending c/o Nielsen Merksamer, et al., 01/24/2012 (Mo.) (Day) (Yr.) 2350 Kerner Blvd., Suite 250 San Rafael, CA 94901 12 31 2011 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Entertainment _s 0.00 $_{\rm s}$ 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.000.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 Other Expenses or Services \$0.00\$ 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Amount and Household Members in Group Date None Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Who should file this form: Any lobbyist registered under Section No. 1 Apple Inc. 67-6617 Idaho Code c/o 2350 Kerner Blvd., Suite 250, San Rafael CA 94901 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

No. 4

Phone: (208) 334-2852 Fax: (208) 334-2282

LEGISLATIVE SUBJECT IDENTIFICATION Subject matter of proposed legislation, the number of the Senate Item or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject Agriculture, horticulture, 17 Health service, medicine, drugs Bill, Resolution or Other Subject Code Appropriation Bill Number farming, and livestock and controlled substances, health (from table) Legislative Ident. Number and Section Number Amusements, games, athletics insurance, hospitals Higher education RS20254C1, and sports 18 80 N/A Banking, finance, credit and 03 Housing, construction, codes S1113, S1184 Insurance (excluding health investments 04 Children, minors, youth, insurance) Labor, salaries and wages, senior citizens 05 Church and religion collective bargaining Consumer affairs Law enforcement, courts, 07 Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and License, permits water use 24 Liquor Manufacturing, distribution and 08 Education Elections, campaigns, voting, services political parties Natural resources, forest and 10 Equal rights, civil rights, forest products, fisheries, mining and mining products minority affairs 11 Government, financing, Public lands, parks, recreation Social insurance, unemployment taxation, revenue, budget, appropriations, bids, fees, funds insurance, public assistance, Government, county 12 workmen's compensation 13 Government, federal Transportation, highways, Government, municipal 14 streets and roads 15 Government, special districts Utilities, communications, televisions, radio, newspaper, Government, state power, CATV, gas Other (please specify) CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Identify any rule, ratemaking decision, procurement, Item Lobbyist signature Date contract bid or bid process, financial services agreement or 5 bond lobbyist was supporting or opposing. Employer No. 1 signature Date Employer No. 2 signature Date None Employer No. 3 signature Date Employer No. 4 signature Date