



Elaine F. Marshall, Secretary of State
2015 Principal Expense Report Form

For monthly and quarterly reports with reportable expenditures; if you have no reportable expenditure, use Form PR-EZ Zero Expense Short Form.

Mailing Address Lobbying Compliance Division
Department of the Secretary of State
P. O. Box 29622
Raleigh, NC 27626-0622
Street Address: 2 South Salisbury Street
Raleigh, NC 27601-2903

Phone: (919) 807-2170
Fax: (919) 807-2205
Electronic: www.secretary.state.nc.us/lobbyists/lobforms.aspx
Web: www.secretary.state.nc.us/lobbyists/lobforms.aspx

Amended Report: (Check if amending previously filed report.)

Original Report Tracking # _____

Period: Quarter Ended December 31, 2015

Complete Name of Principal: Apple Inc.

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period pursuant to G.S. §120C-403(b)(6).

Name(s) of Lobbyist(s) as Registered: Jena Collins, Fred Zeytoonjian, Tracy W. Kimbrell, R. Bruce Thompson II
Include all lobbyists registered during the calendar year, including interim resignations/terminations.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C 401(b1).

*Expense Codes

| | | | | | |
|----|----------------------------|----|---------------------|----|-------|
| TL | Transportation and Lodging | FB | Food and Beverages | GI | Gifts |
| EN | Entertainment | ME | Meetings and Events | OT | Other |

Section A. Principal Made Directly

| Date | Description of Expenditure, Payee/Beneficiary and Address | Designated Individual(s) or Immediate Family Member(s) Benefited | *Exp. Code | Amount |
|---|--|---|------------|-------------------|
| Expenditures Reportable This Period : (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.) | | | | |
| 12-16-15 - 12/17/15 | Lodging in connection with educational meeting, Inn at Saratoga (20645 4 th St. Saratoga, CA 95070) | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Sen. Dan Soucek | TL | 1,770.00 |
| 12/15/15- 12/17/15 | Ground Transportation in connection with educational meeting, Worldwide Ground Transportation Solutions Inc. (651 Aldo Ave., Santa Clara, CA 945054) | Rep. Craig Horn, Sen. Dan Soucek, | TL | 334.85 |
| 12/16/15- 12/17/15 | Apple onsite briefing meals in connection with educational meeting (breakfast, lunch, snacks), Café Macs (4 Infinite Loop, Cupertino, CA 95014) | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Sen. Dan Soucek, Dr. Glenn Kleiman, Dr. Mary Ann Wolf, Nancy Mangum, Mark Samburg | FB | 324.00 |
| This Period's Subtotal (Must enter total or "0") | | | | \$2,428.85 |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter | | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter | | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter | | | | |
| Quarterly Total (Must enter total or "0") | | | | \$2,428.85 |

File on line and provide the hard copy original after filing on line; please type or print in ink on the hard copy

Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

| Date | Description of Expenditure, Payee/Beneficiary and Address | Name of Lobbyist | ↓ √ | Designated Individual(s) or Immediate Family Member(s) Benefited | *Exp. Code | Amount |
|---|---|------------------|--------|---|------------|-------------------|
| Expenditures Reportable This Period : (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.) | | | | | | |
| 12/15/15 | Dinner in connection with educational meeting at the Basin (14572 Big Basin Way, Saratoga, CA 95070) | Jena Collins | X | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Dr. Glenn Kleiman, Dr. Mary Ann Wolf, Nancy Mangum, Mark Samburg | FB | 617.60 |
| 12/16/15 | Dinner in connection with educational meeting at East Coast Alice (14560 Big Basin Way, Saratoga, CA 95070) | Jena Collins | X | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Sen. Dan Soucek, Dr. Glenn Kleiman, Dr. Mary Ann Wolf, Nancy Mangum, Mark Samburg | FB | 719.73 |
| | | | | | | |
| | | | | | | |
| This Period's Subtotal (Must enter total or "0") | | | | | | \$1,337.33 |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter | | | | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter | | | | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter | | | | | | |
| Quarterly Total (Must enter total or "0") | | | | | | \$1,337.33 |

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

| Effective Date(s) | Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship | Applicable Designated Individual ("DI") or DI Immediate Family Member | Amount or Other Consideration (Value) |
|--|---|---|---------------------------------------|
| Expenditures Reportable This Period: (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.) | | | |
| | | | |
| | | | |
| | | | |
| This Period's Subtotal (Must enter total or "0") | | | \$0.00 |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter | | | |
| Quarterly Total (Must enter total or "0") | | | \$0.00 |

Part III: Solicitation of Others Exceeding \$3,000.00

| Date(s) of Solicitation | Description of Solicitation | Payee/Beneficiary and Address | Expense Amount |
|--|-----------------------------|-------------------------------|----------------|
| Expenditures Reportable This Period : (Do not reenter detail for any previously reported monthly expense; instead, check | | | |

Form PR-ER Page 3 of 7 (Rev. 09/15)

File on line and provide the hard copy original after filing on line; please type or print in ink on the hard copy

appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

| | | | |
|--|--|--|---------------|
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| | | | |
| This Period's Subtotal (Must enter total or "0") | | | \$0.00 |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter | | | |
| For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter | | | |

Quarterly Total (Must enter total or "0")**\$0.00****Part IV. Event Reporting****(Use this page only if the principal has incurred event reportable expenditures.)****Please comply with the State Ethics Commission Rule, 30 NCAC 10C .0302 when completing Sections A or B for Event Reporting. This rule became effective on January 1, 2014.****State Ethics Commission Rule 30 NCAC 10C .0302 REPORTABLE EXPENDITURES MADE FOR LOBBYING**

(a) For purposes of G.S. 120C-402(b)(1) and 120C-403(b)(1), when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the "gift" given or provided to the designated individual(s) attending the event. Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with the lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.

(b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held.

Section A. Principal Paid for Event Directly**Expenditures Reportable This Period: (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)**

| Event Date | Name of Event & Description of Expenditure Payee/Beneficiary and Address | Designated Individual or Immediate Family or Third Party Beneficiary | *Expense Code | Total Cost of the Event Paid By Principal |
|---|--|---|----------------------|--|
| 12-16-15 -12/17/15 | Lodging in connection with educational meeting, Inn at Saratoga (20645 4 th St. Saratoga, CA 95070) | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Sen. Dan Soucek | TL | 1,770.00 |
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| This Period's Subtotal (Must enter total or "0") | | | | \$2,428.85 |
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| <input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter | | | | |
| <input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter | | | | |

Quarterly Total (Must enter total or "0")**\$ 2,428.85**

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Section B. Principal Reimbursed Lobbyist for Event Costs

Name[s] of Lobbyist Reimbursed by Principal: Jena Collins

| Expenditures Reportable This Period: (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.) | | | | |
|--|---|---|----------------------|--|
| Event Date | Name of Event & Description of Expenditure Payee/Beneficiary and Address | Designated Individual or Immediate Family or Third Party Beneficiary | *Expense Code | Total Cost of the Event Paid By Principal |
| 12/15/15 | Dinner in connection with educational meeting at the Basin (14572 Big Basin Way, Saratoga 95070) | Lt. Governor Dan Forest, Jamey Falkenbury, Catherine Truitt, Rep. Craig Horn, Dr. Glenn Kleiman, Dr. Mary Ann Wolf, Nancy Mangum, Mark Samburg | FB | 617.60 |
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| | | | | |
| | | | | |
| This Period's Subtotal (Must enter total or "0") | | | | \$1,337.33 |
| <input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the first month of the quarter | | | | |
| <input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter | | | | |
| <input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter | | | | |

Quarterly Total (Must enter total or "0")**\$ 1,337.33**

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****2015 Cumulative Combined Lobbyist Payment for Services****

| | CUMULATIVE COMBINED 2015 PAYMENT FOR SERVICES - MUST ENTER TOTAL OR 0.00 |
|---|---|
| For this registration year, enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal and the payees thereof: Jena Collins, Fred Zeytoonjian, Tracy W. Kimbrell, R. Bruce Thompson II | \$ 75,287.17 |
| For this registration year, enter the dollar amount of the cumulative combined total of such payments to all terminated or resigned lobbyists of the principal not listed on this quarterly report for whom payment for services was reported on another expense report form. | \$0.00 |
| Total cumulative combined payment for services for all lobbyists of the principal registered in 2015. | \$75,287.17 |

PART IV: CERTIFICATION AND NOTARIZATION**IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY**

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR NEW SEPARATE FORM PR-AF), ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

STATE OF California
 COUNTY OF Marin

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Signature of Authorized Officer [Signature] Darrin Lim 4/2/16
 Printed name of Authorized Officer Date

Sworn to (or affirmed) and subscribed before me,

this _____ day of _____, 201_____.

See Attached California Jurat
 Signature of Notary Public

Printed Name of Notary Public _____

My commission expires: _____

(NOTARY STAMP OR SEAL)

Part V: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: _____

Signature of Report Preparer: _____

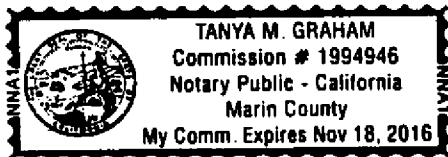
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

JURAT

State of California

County of Marin

Subscribed and sworn to (~~or affirmed~~) before me on this 20th day of January,
2016, by Darrin Lim, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



(seal)

Signature Tanya M. Graham

Notes: North Carolina Principal Expenditure Report Period Ending 12/31/15
for Apple Inc.