

**LOBBYIST REPORT FORM**



**State of Idaho**

ANNUAL     SEMI-ANNUAL

Ben Yursa  
Secretary of State

To Be Filed By:  
**L-2** LOBBYISTS  
(Sec. 67-6619)

14 JUL 15 PM 01:17  
**SECRETARY OF STATE  
STATE OF IDAHO**

4044

(Type or print clearly in black ink)  
See instructions at bottom of page

|  |                            |   |
|--|----------------------------|---|
| Lobbyist's name and permanent business address<br>Christine Castillo<br>2350 Kerner Blvd<br>San Rafael, CA 94901 | Date prepared<br>7/15/2014 | Period covered<br><input type="checkbox"/> year ending<br>(Mo.)    (Day)    (Yr.)<br><b>6</b> <b>30</b> <b>2014</b> |
|--|----------------------------|---|

|  |  |  |                 |                 |                 |
|--|--|--|-----------------|-----------------|-----------------|
| <b>Item 1</b>  | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |  |                 |                 |                 |
| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br/><b>Do Not Have to be Reported</b></small> | *Total Amount for All Employers  | Proportionate amounts contributed by each employer ( <b>Identify employers, under Item 3, at bottom of page.</b> ) |                 |                 |                 |
|  |  | Employer No. 1   | Employer No. 2  | Employer No. 3  | Employer No. 4  |
| Entertainment  | \$ \$0.00  | \$ \$0.00  | \$ _____        | \$ _____        | \$ _____        |
| Food and Refreshment   | \$0.00   | \$0.00   | _____           | _____           | _____           |
| Living Accommodations  | \$0.00   | \$0.00   | _____           | _____           | _____           |
| Advertising  | \$0.00   | \$0.00   | _____           | _____           | _____           |
| Travel   | \$0.00   | \$0.00   | _____           | _____           | _____           |
| Telephone  | \$0.00   | \$0.00   | _____           | _____           | _____           |
| Other Expenses or Services   | \$0.00   | \$0.00   | _____           | _____           | _____           |
| <b>Total</b>   | <b>\$ \$0.00</b>   | <b>\$ \$0.00</b>   | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |

\*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.

|               |   |       |        |   |
|---------------|---|-------|--------|---|
| <b>Item-2</b> | The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household. |       |        |   |
|               | Date  | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
|               |   |       |        |   |

Continued on attached page(s)

|  |  |
|--|--|
| <b>INSTRUCTIONS</b>  | <b>Item 3</b><br>Employer(s) Name(s) and Address(es)   |
| <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Annual report is due on January 31st.<br/>Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Ben Yursa<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | <p>No. 1<br/>Novartis Vaccines<br/>2350 Kerner Blvd Ste 250 San Rafael CA 94901 USA</p> <p>No. 2</p> <p>No. 3</p> <p>No. 4</p> |

|                              |  |   |
|------------------------------|--|---|
| <b>Item<br/>4</b>            | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. |   |
| Subject Code<br>(from table) | Bill, Resolution or Other<br>Legislative Ident. Number   | Appropriation Bill Number<br>and Section Number |
|                              |  |   |

**LEGISLATIVE SUBJECT IDENTIFICATION**

| Code | Subject   | Code | Subject  |
|------|---|------|--|
| 01   | Agriculture, horticulture, farming, and livestock                                   | 17   | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02   | Amusements, games, athletics and sports   | 18   | Higher education   |
| 03   | Banking, finance, credit and investments  | 19   | Housing, construction, codes   |
| 04   | Children, minors, youth, senior citizens  | 20   | Insurance (excluding health insurance)   |
| 05   | Church and religion   | 21   | Labor, salaries and wages, collective bargaining                                       |
| 06   | Consumer affairs  | 22   | Law enforcement, courts, judges, crimes, prisons                                       |
| 07   | Ecology, environment, pollution, conservation, zoning, land and water use           | 23   | License, permits   |
| 08   | Education   | 24   | Liquor   |
| 09   | Elections, campaigns, voting, political parties                                     | 25   | Manufacturing, distribution and services   |
| 10   | Equal rights, civil rights, minority affairs  | 26   | Natural resources, forest and forest products, fisheries, mining and mining products   |
| 11   | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27   | Public lands, parks, recreation  |
| 12   | Government, county  | 28   | Social insurance, unemployment insurance, public assistance, workmen's compensation    |
| 13   | Government, federal   | 29   | Transportation, highways, streets and roads  |
| 14   | Government, municipal   | 30   | Utilities, communications, televisions, radio, newspaper, power, CATV, gas             |
| 15   | Government, special districts   | 31   | Other (please specify) _____   |
| 16   | Government, state   |      |  |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 **Idaho Code**.

**Electronically signed**

**7/15/2014**

\_\_\_\_\_  
Lobbyist signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer No. 1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer No. 2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer No. 3 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer No. 4 signature

\_\_\_\_\_  
Date

|                   |   |
|-------------------|---|
| <b>Item<br/>5</b> | Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing. |
|                   |   |