State of Illinois County of Cook

ss.

COOK COUNTY LOBBYIST EXPENDITURE STATEMENT

A. Na	ame and permanent address of registrant	
		Telephone ()
	JAPETO S. A.	
3. Re	eporting period for expenditures (check applica	able box)
	6 months, from January 1 through June 30	
	6 months, from July 1 through December 3	
]	Only for registrants who are resigning by fill	ing this statement with a termination notice:
	From to Date covered by previous report Date	
		A STATE OF THE STA
C. Co	ompensation and Expenses	
or ea	ach client provide the amount of compensation	n and aggregate expenses attributable to lobbying activities
1.	Client:	
	(Garant Laboratoria	
	(Permanent business address)	
	(Temporary business address, if any)	
	B Day Manual Comment	
	(The name of each person lobbled for this c.	lient and brief description of county matter involved)
	\$ (Amount of compensation)	
	Aggregate expenses attributable to lobbying	g activities for this client:
	a. Advertising and Publications	
	b. Lodging and Travel	\$
	c. Educational and Advocacy	\$
	d. Honoraria	\$
	e. Meals, Beverages and Entertainment	\$
	f. Political Contributions	\$
	g. Gifts	\$
	TOTAL OF A-G	Ś

List any additional clients on next page; if more space is needed, copy page and attach copy/copies to this form.

rmanent business address)						
mporary business address, i	if any)					
e name of each person lobb	ied for this clien	t and brief descr	iption of coun	ty matter	involvedl	
nount of compensation)				b.		
pregate expenses attributable	e to lobbying ac	tivities for this cl	lient.			
Advertising and Publications		•		_		
Lodging and Travel	300,000	\$				
Educational and Advocacy		\$	-	_		
Honoraria		\$		_		k.
Meals, Beverages and Enter	tainment	s	2000			
Political Contributions		. \$				
Gifts		\$				*
TAL OF A-G		-\$				
*****	With the second		5000			
	n. e. 6					
nt:					1	
rmanent business address)	**************************************		100			
mporary business address, i	if anyl					
inpurary uusiness aduress, l	r allyj	m.		4.2		
e name of each person lobb	ied for this clien	t and brief descri	iption of coun	ty matter i	nvolvedi	
					2000	
						1
nount of compensation)	`**T					e.
nounc or compensation	\$ 1 Pm					
gregate expenses attributabl	le to lobbying ac	tivities for this c	lient:	140		
Advertising and Publication	s la	\$			r	
Lodging and Travel		\$		_		
Educational and Advocacy		\$				
Honoraria		\$		<u> </u>		
Meals, Beverages and Ente	rtainment	\$		·		
Political Contributions		\$		-		
Gifts		\$				
		\$		_		

Check here if the								
 Name of any pers reported in aggregate 	on to whom, amounts:	or for wh	ose benefit	, expendit	tures of \$1	00 or less v	were made; n	nay be
NAME OF RECIPIENT	BENEFICIAR	Y			A	MOUNT		
					<u>. '</u>			
	ii dha							
								
								7
		-						
								
								<u> </u>

								_
							*	
		and walking	No. 1 of the second					

2. For any expenditure over \$100 provide the following information:

NAME OF RECIPIENT / BENEFICIARY	DATE OF EXPENDITURE	USE AND PURPOSE OF EXPENDITURE	AMOUNT	COUNTY MATTER	CLIENT

If you need additional space to submit expenditure information, please copy the appropriate page and attach copy/copies to this form.

Signed	(Signature of	- A - 05	uthorized Agent)	(ḍate)
by			(name of registrant or a	authorized agent)
(SEAL)		(Notary Pub	Ethics and Campaigr Cook County Clerk's 69 West Washington	n Disclosure Department Office Street
September, 1993			Suite 500,, Chicago, IL 60602 (312) 603-0907	printed on recycled paper printed on recycled paper