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LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than 10 hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

| | | | | | | |
|--|--|-------|--------------------------|--------|--|-------|
| NAME | | | | | | |
| Last | | First | | Middle | | |
| Gold | | Jay | | | | |
| BUSINESS MAILING ADDRESS | | | | | | |
| 1136 Union Mall #403 | | Hon | | Hi | | 96813 |
| TELEPHONE NO | | | E-MAIL | | | |
| 808-368-1146 | | | jay@jaygoldunlimited.com | | | |
| NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) | | | | | | |
| KTD, Inc | | | | | | |
| BUSINESS MAILING ADDRESS | | | | | | |
| 2949 Kaapaka Street | | Hon | | Hi | | 96819 |
| BUSINESS TELEPHONE NO. | | | | | | |
| 808-836-7301 | | | | | | |

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

| | |
|---|--|
| Polystyrene (foam) food containers bans | |
| | |
| | |

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

| | |
|-------------------------|---------------------|
| <u>Jay Gold</u> | <u>May 15, 2017</u> |
| (Signature of Lobbyist) | (Date) |

AUTHORIZATION TO LOBBY

| | | | | | | |
|--|--|--|--|----------------|--|-------|
| NAME | | TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED | | | | |
| Dexter N. Yamada | | President | | | | |
| NAME OF ORGANIZATION (if applicable) | | | | TELEPHONE NO. | | |
| KTD, Inc. | | | | 808-836-7301 | | |
| ADDRESS OF ORGANIZATION OR PERSON | | | | | | |
| 2949 Kaapaka St | | Hon | | Hi | | 96819 |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | | | | | | |
| <u>Dexter Yamada</u> | | | | <u>5-16-17</u> | | |
| (Signature of Authorizing Officer) | | | | (Date) | | |