**LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT**

The reporting period is from January 1st through December 31st of the previous year. This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

**STATEMENT YEAR:** 2018

<table>
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<tr>
<th>DATE OF FILING</th>
<th>NAME OF LOBBYIST</th>
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<tr>
<td>1/22/19</td>
<td>Joy Gold</td>
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**NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)**

KYD, Inc. dba: K. Yamada Distributors

**BUSINESS MAILING ADDRESS**

2949 Koapaka Street Honolulu, HI 96819

**BUSINESS TELEPHONE NO.**

808-836-7301

**PART I: TOTAL EXPENDITURES**

**EXPENDITURES OF $25 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobbyist for the purpose of lobbying of $25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

This section is not applicable.

**EXPENDITURES OF $150 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobbyist for the purpose of lobbying of $150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

This section is not applicable.
PART II: CONTRIBUTIONS RECEIVED

CONTRIBUTIONS RECEIVED
List all contributions received by lobbyist for the purpose of lobbying in the total sum of $25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua‘i County Code 1987, as amended. Attach additional sheet(s) if necessary.

- This section is not applicable.
- Contributions in the total sum of $25 or more per person were received from the following persons:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Contributor</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Amount or Value</th>
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PART III: SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

N/A

PART IV: AUTHORIZED PERSON

Dexter N. Yamada
Name of Authorized Person (First, Middle, Last)
President

CERTIFICATION: By checking this box or signing your name on this Statement, you certify and affirm that you are the person whose name appears as the “Authorized Person” above and the information contained in the form is true, correct, and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Ordinance No. 999.