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.

20 JAN -6 ATT :13 STATEMENT YEAR: DATE OF FILING NAME OF LOBBYIST Jan 6 2020 Joy Gold NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) KYD, Inc. dba: K Yamada Distributors BUSINESS MAILING ADDRESS Street City State Zip Code 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 incurred in the total sum of \$25 or more per day were made for the following persons: Amount Description of Expenditure Mailing Address (Street, City, State, Zip) Date Name of Recipient or Value 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. Expenditures incurred in the total sum of \$150 or more per day were made for the following persons: Amount Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable.	g in the total sum of \$25 or more per person during the statement period pu er person were received from the following persons:	rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYING		
Legislative and/or administrative action supported or opposed a procurement, or contract management that was supported or oppose	luring the statement reporting period. Shall include title of bills, resolud.	tions, and/or description of actions, permit,
N/A	About the same and	
Lagte a Somewhat		
PART IV: AUTHORIZED PERSON		
Dexter N. Yamada		
Name of Authorized Person (First, Middle, Last)	Signature of Authorized	d Person
President	Tan 4 2020	
Title	Date	44.5

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.