

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

15 JAN 21 AM 11:17

STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

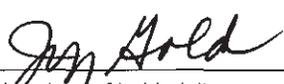
**LOBBYIST REGISTRATION FORM**

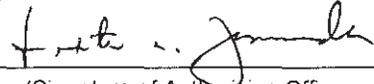
(Type or Print Clearly)

|   |                |   |
|---|----------------|---|
| <b>PART I LOBBYIST</b>  |                |   |
| NAME (Last)<br>Gold   | (First)<br>Joy | (Middle)<br>  |
| MAILING ADDRESS (Street)<br>1136 Union Mall, Ste 403  |                | TELEPHONE<br>526-3770   |
| (City)<br>Honolulu  |                | (State)<br>HI   |
| (Zip Code)<br>96813   |                | FAX<br>   |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |                | EMAIL<br><a href="mailto:joy@joygoldunlimited.com">joy@joygoldunlimited.com</a> |
| MAILING ADDRESS (Street)  |                | TELEPHONE   |
| (City)<br>  |                | FAX<br>   |
| (State)<br>   |                | EMAIL<br>   |
| (Zip Code)<br>  |                |   |

|   |                       |   |
|---|-----------------------|---|
| <b>PART II ORGANIZATION</b>   |                       |   |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)<br>KYD, Inc. dba: K. Yamada Distributors | TELEPHONE<br>836-7301 |   |
| MAILING ADDRESS (Street)<br>2949 Koapaka Street   | FAX<br>               |   |
| (City)<br>Honolulu  | (State)<br>HI         | (Zip Code)<br>96819   |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT<br>Dexter Yamada |                       | TELEPHONE<br>836-7301                                       |
| MAILING ADDRESS (Street)<br>2949 Koapaka Street   |                       | FAX<br>   |
| (City)<br>Honolulu  |                       | EMAIL<br><a href="mailto:dy@kyd-inc.com">dy@kyd-inc.com</a> |
| (State)<br>HI   |                       | (Zip Code)<br>96819   |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY              |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

| PART IV CERTIFICATION OF LOBBYIST   |                                    |
|---|------------------------------------|
| <i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>   |                                    |
| <br>_____<br>(Signature of Lobbyist) | <i>12/29/14</i><br>_____<br>(Date) |

| PART V AUTHORIZATION TO LOBBY  |   |                                   |
|--|---|-----------------------------------|
| NAME<br>Dexter Yamada  | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>President |                                   |
| NAME OF ORGANIZATION (if applicable)<br>KYD, Inc dba: K. Yamada Distributors   | TELEPHONE<br>836-7301   |                                   |
| MAILING ADDRESS (Street)<br>2949 Koapaka Street  | FAX   |                                   |
|  | EMAIL<br>dy@kyd-inc.com   |                                   |
| (City)<br>Honolulu   | (State)<br>HI   | (Zip Code)<br>96814               |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>  |   |                                   |
| <br>_____<br>(Signature of Authorizing Officer or Person Represented) |   | <i>1-18-15</i><br>_____<br>(Date) |