	Lobbyist Registration Amendment Form
	Form Confirmation #: LRA0046722
Year of Registration: 20	17-2018
Principal Lobbyist Information	1
(To make changes to any of	the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).
Principal Lobbyist Name:	RED LAND STRATEGY, INC. (FKA REDLAND STRATEGIES, INC.)
Business Address 1:	519 EIGHTH AVENUE
Address 2:	16TH FLOOR
City:	NEW YORK
State:	NY
Zip Code:	10018
Business Phone:	516-582-7726
Fax Number:	
Email Address:	SBALBONI@REDLANDSTRATEGIES.COM
Type of Lobbying:	Procurement
Level of Government Lobbie	d: Both
Type of Lobbyist:	Retained

Additional Lobbyist Information

First Name	Last Name
MICHAEL	BALBONI
JAMES	SHERRY

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Client Information

Client Business Name: PURE STORAGE, INC Business Address 1: 650 CASTRO STREET

Address 2:

City: MOUNTAIN VIEW

State: NY
Zip Code: 94041
Country: US

Business Phone:(301) 717-9968Fax Number:(301) 717-9968Chief Administrative Officer First Name:KIMBERLY

Chief Administrative Officer Last Name: BRADBURY

Chief Administrative Officer Title: DIRECTOR PUBLIC SECTOR CONTRACTS

Third party information

Name:

Business Address 1:

Address 2: City: State: Zip Code: Country:

Business Phone:

Subject

Subjects on which you expect to lobby:

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Person, State Agency, Municipality, or Legislative Body you expect to lobby:

NYS LEGISLATURE, NYS EXECUTIVE CHAMBER, OGS, NYS ITS, NYS DOB, NYC COMPTROLLER, COUNTY OF NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

No details were entered.

Number or Subject Matter

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

No details were entered.

Subject Matter

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

No details were entered.

Contract/Authorizations

Check this box if contract terms have changed :

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Contract / Authorization Start Date (MM/DD/YYYY):

6/21/2017

Contract / Authorization End Date (MM/DD/YYYY):

y Addresses

Check here if mailing:

Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

Amendment Original Contract

Description	Date
Pure Storage	3/21/2017 3:07:52 PM
Pure Storage Nassau	6/22/2017 4:01:30 PM

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration

I declare under penalty of perjury that the information contained in this registration is true, correct and complete to the best of my knowledge and belief.

Check box to agree with previous statement

Date: 6/22/2017

First Name:

MICHAEL

Last Name: BALBONI

Comments

(Briefly explain any

ADDITION OF NASSAU

changes here):

COUNTY

Fees

In general, \underline{no} fee is required for an Amended Statement of Registration, provided a filing fee has already been paid for the biennial period. Please

check one of the following if required or applicable.

Amount:

IMPORTANT: Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode

Prior to final submission please verify reporting year you have selected.