PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

FEB 0 1 2019

	NEW HAMPSHIRE
_	DEPARTMENT OF STATE

I. Name of Lobbyist(s) Christpher Rauso	her		NEW HAMPSHII DEPARTMENT OF S
11. Name of lobbyist's	s partnership, firm or corp	poration, if any:		
(Nan	ne of partnership, firm or corpo	oration)		
595 Market Stree	et, 29th floor	San Francisco	CA	94105
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
(207 <u>400-1150</u> (Telephone)	()	(Fax)	e-mail policy	compliance@sunrun.com
reportable expense ti	overs: (Choose one – file se ransactions which are not a sactions occurring in the mo	attributable to any	one client).	may file a separate report for the following client:
	(Full Name of Client as it ap			
OR ☐ All reportable transunrelated to any partic		luding the lobbyist's	family), or the lobby	ing firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 ity from date of registration to	3/31/18 activ	July 25, 2018 🗍	/18
	October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	₹
	no fees received and no complete just this form and			
VI. Check if addition	al reports are attached:			
	ed fees or made expenditure	es, you must file Ade	dendum A- Fees and	Expenses
☐ If you have paid a Expense Reimburseme	n honorarium or reimbursed ent	l expenses, you mus	t file Addendum B-	Report of Honorariums or
☐ If you, your firm,	or your family has made po	litical contributions,	you must file Adden	dum C+ Political Contributions
I have read RSA 15, R	st of my knowledge and be	•	swear or affirm that th	ne foregoing information is true