

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED OCT 25 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	.obbyist(s) Katia Froc	k		
II. Name of I	lobbyist's partnership, firm	or corporation, if any:		
PFM As	set Management L	.LC		
	(Name of partnership, firm	or corporation)		
213	Market Street		PA	17101
Business Addr	ess: (Street)	(Town/City)	(State)	(Zip Code)
(717	7)231-6248	1	e-mail frockk@pfmam.com	
(Tel	lephone)	(Fax)	C-IIIaII	
	ement covers: (Choose one xpense transactions which :			y file a separate report for
All report	table transactions occurring i	n the months prior to the repo	orting date relative to the	following client:
OD.	(Full Name of Clien	t as it appears on the Lobbyist R	egistration Form)	
OR All reports	able transactions by the lobby	vist (including the lobbyist's	family) or the labbuing	San listed below which are
unrelated to a	my particular client.	visi (including me loboyist s	iamily), or the loodying	irm usied below which are
V. There ha	Report April 24, 2024 activity from date of registrate October 30, 2024 activity from 7/1/24 to 9/ ave been no fees received checked, complete just this fo	ion to 3/31/24 activ	July 31, 2024 anuary 29, 2025 from 10/1/24 to 12/31/24 actions made since the tary of State's Office, 16	e last report.
	Room 204, Concord, NH 033			Trons man on con
VI. Check if	additional reports are attac	ched:		
	ve received fees or made exp			
LIf you hav Expense Rein	ve paid an honorarium or rein	nbursed expenses, you must	file Addendum B Rep	ort of Honorariums or
	our firm, or your family has n	nade political contributions, v	ou must file Addendun	n C- Political Contribution
Sworn Stater I have read RS	ment/Affirmation by Lobby SA 15, RSA 15-B, RSA 14-0 to the best of my knowledge	ist Cand RSA 664 and hereby sy		
TA	M. Frock		10/23/2024	
(Signature of	Plobbyist)		(Date	<u>, </u>
Katia Fro	• ,		(Date)	,
(Print Name				