I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

, Katia Frock

II. Name of lobbyist's partnership, firm o U.S. Bancorp Asset Mana		л)	
(Name of partnership, firm or		** ₀₁	
213 Market Street	Harrisburg	PA	17101
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(717)497-3425)	FROCKK@pfmam.com	
(Telephone)	(Fax)	V-IIIIII	15
II. This statement covers: (Choose one – eportable expense transactions which are	e not attributable to any or	ne client).	
	s it appears on the Lobbyist Re		
OR			
All reportable transactions by the lobbyist	(including the lobbyist's fa	mily), or the lobbying fir	rm listed below which
unrelated to any particular client.			(%)
IV. Date of Report April 30, 2025 Reports cover: activity from date of registration October 29, 2025 activity from 7/1/25 to 9/30	Ja	July 30, 2025	
V. There have been no fees received and this box is checked, complete just this form State House, Room 204, Concord, NH 03301	and submit it to the Secreto		
VI. Check if additional reports are attach	ed:		
If you have received fees or made expen	ditures, you must file Adde	ndum A- Fees and Expe	enses
If you have paid an honorarium or reimb Expense Reimbursement	oursed expenses, you must fi	le Addendum B – Repo	rt of Honorariums or
If you, your firm, or your family has ma	de political contributions, ye	ou must file Addendum	C- Political Contribu
	.90	59	
Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge a	and RSA 664 and hereby sw	ear or affirm that the for	egoing information is
Rotra M. Ecoch		4/14/2025	
(Signature of lobbyist)		(Date)	
Katia Frock		,	
(Print Name of lobbyist)			