THIS FORM MAY BE FILED ELECTRONICALLY AT: www.ocf.dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA

	OFFICE OF CAMPAIGN FINANCE
Year_2012	WASHINGTON, D.C. 20009

☐ Original ☐ Amendment	LOBBYIST ACTI		00061444
Type of Report: X Januar		filing a January Report plea by in the upcoming calenda	
July _			
1. (a) Registrant's Name Duncan Solut	ions, Inc.	(b) Daytime	Phone Number (414) 847-3773
(c) Permanent Address 633 W. Wisc	consin Ave., Suite 1600 (Street Address)		kee, WI 53203 tty, State, Zip Code)
(d) Temporary Address (while lobbying) _	N/A (Street Address)	(Ci	ity, State, Zip Code)
2. Lobbyist (s) Working for Registrant: Attach	an OCF Supplemental Sheet	if additional space is needed.	
(a) Name American Management Co	orporation	(b) Name	
Address 1455 Pennsylvania Ave. (Street Address)		Address(St	reet Address)
Washington, DC 20	004	70.	
(City, State, Zip Code)		(City, State,	Zip Code)
Daytime Phone Number (202) 280	-6364	Daytime Phone Number	
3. Person Compensating Registrant			
(a) Name Not Applicable		(b) Daytime Phone Number	
(c) Address			
(Street Address))	(C	ity, State, Zip Code)
(d) Nature of Business			
4. Terms of Compensation: (a) \$2,500.0	0 per month Salary	(b) Month-to-month	uration of Employment
 Identify matter(s) by subject and formal de space is needed. 			
Delinquent collections services; pa	arking-related systems a	nd services	

* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

Rev: 02/2011

6. Identify the official and title, if known, in the Executive or Legislative Branch with communication during the reporting period relating to lobbying activities, and the date tha Supplemental Sheet if additional space is needed.	
Name	Date
 Total compensation/receipts paid to the Lobbyist for lobbying during the reporting peri (Schedule A) Total of other compensation/receipts received for lobbying services and compensation (Schedule A-1) Total amount of Loans received by the Lobbyist in connection with lobbying during the (Schedule A-2) Total receipts (Add Lines 7, 8, and 9) Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B) Total of other expenditures related to lobbying activities: (Schedule B-1) Total expenditures (Add Lines 11 and 12) 	paid to others: \$ 0.00

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE__OF __ SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2012 January 2013 Type of Report: 7/1/2012 through 12/31/2012 Period Covering: Duncan Solutions, Inc. LOBBYIST/EMPLOYEE LOBBYIST'S NAME:_ COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS) TOTAL THIS PERIOD **CUMULATIVE TOTAL** EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION) (FEES/COMPENSATION) American Management Corporation 1455 Pennsylvania Ave. NW, Suite 400 Washington, DC 20004 Phone: (202) 280-6364 FEES/RETAINER COMPENSATION \$ 30,000.000 \$ 12,500.00 \$ 15,000.000 TOTAL THIS PERIOD CUMULATIVE TOTAL EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION) (FEES/COMPENSATION) FEES/RETAINER COMPENSATION \$ TOTAL THIS PERIOD **CUMULATIVE TOTAL** EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION) (FEES/COMPENSATION) FEES/RETAINER COMPENSATION TOTAL THIS PERIOD **CUMULATIVE TOTAL** EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION) (FEES/COMPENSATION COMPENSATION FEES/RETAINER \$ TOTAL RECEIPTS RECEIVED FOR LOBBYING

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

(CARRY TOTAL FORWARD TO LINE 7)

\$ 30,000.000

\$ 15,000,000

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT

SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2012

Type of Report: ☑ January	2013	□July
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Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Duncan Solutions, Inc.

REGISTRANT FO				DED		TOTAL THIS PERIOD	CUMULATIVE TOTAL
American M	R'S NAME, ADDRES lanagement Corpor sylvania Ave., Suite	ation) 280-6364	PERIOD	TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	1	
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
EMPLOYER'	S NAME, ADDRESS,	AND TELEPH	ONE NUMBE	R		TOTAL THIS PERIOD	CUMULATIVI TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
Of FICE EXI ENDED							1
\$	s	\$	\$	\$	\$	\$	\$
\$	\$ S NAME, ADDRESS,				\$	S TOTAL THIS PERIOD	
\$	12				\$ OTHER	TOTAL THIS	CUMULATIVE
\$	S NAME, ADDRESS,	AND TELEPH	ONE NUMBE	R		TOTAL THIS	CUMULATIVE
\$ EMPLOYER	S NAME, ADDRESS, ADVERTISING &	AND TELEPH	ONE NUMBE	R COMPENSATION	OTHER	TOTAL THIS	CUMULATIVE
\$ EMPLOYER' OFFICE EXPENSES \$ CUMULATIVE	S NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	TOTAL THIS PERIOD \$ TOTAL THIS	CUMULATIVE TOTAL
\$ EMPLOYER' OFFICE EXPENSES \$ CUMULATIVE	S NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	TOTAL THIS PERIOD	CUMULATIVE TOTAL
\$ EMPLOYER' OFFICE EXPENSES \$ CUMULATIVE	S NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	TOTAL THIS PERIOD \$ TOTAL THIS	CUMULATIVE TOTAL

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE REVERSE SIDE FOR INSTRUCTIONS)

REV. 09/06

PAGE__OF__

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE__OF __ SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2012

Type of Report	January 2013	July
Period Covering:	7/1/2012 three	ugh12/31/2012
LOBBYIST/EMPLOYEE LOBBYIST		

NAME: Duncan Solutions, Inc.

F	MPI OVER'S N	NAME ADDRESS	AND TELEPHONE NUMBER	TOTAL LOANS THIS PER	OD CUMULATIVE LOAN TOTAL
	Management		AND TELEFITONE NUMBER		
			shington, DC 20004 / Phon	e: (202) 280-6364	
LOAN					
0.00	\$	\$	\$	\$ 0.00	\$ 0.00
				TOTAL LOANS THIS PERIOR	
E	MPLOYER'S N	NAME, ADDRESS A	AND TELEPHONE NUMBER		TOTAL
LOAN					
LOAN	\$	\$	\$	\$	\$
		•		TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
E	MPLOYER'S	NAME, ADDRESS A	AND TELEPHONE NUMBER		TOTAL
LOAN	\$	6	\$	6	6
į	2	\$	2	\$	\$
E	MPLOYER'S N	AME, ADDRESS A	ND TELEPHONE NUMBER	TOTAL LOANS THIS PERIOR	CUMULATIVE LOAN TOTAL
			-		
LOAN					
5	\$	\$	\$	\$	\$
		•			
			IVED FOR THE PERIOD		
	(CAI	RRY TOTAL FOR	RWARD TO LINE 9)	\$ 0.00	\$0.00

OCF Form 26

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

REV. 09/06

COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE__OF __ SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST YEAR: 2012

	Type of Report:	January 2013 July_		
	Period Covering: 7/	1/2012 through12/31/201	2	
COMPEN	ISATING REGISTRANT'S NAME: Duncan S	olutions, Inc.		
PAYMEN	ITS MADE IN CONNECTION WITH LOBBYIN	IG ACTIVITIES		
	EXPENSES INCURRED, OR PAID BY THE C FOR ACTIVITIES RELATIVE TO LOBBYING			HOUSE EMPLOYEE
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
	American Management Corporation 1455 Pennsylvania Ave., Suite 400 Washington, DC 20004	Retainer	\$15,000.00	\$30,000.00
			•	c
			3	5.
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	TOTAL TYPE TO THE TANK THE TAN	PART FOR A OPPLYING	\$	\$ 00,000,00
	TOTAL EXPENDITURES	PAID FOR LOBBYING	\$15,000.00	\$30,000.00

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

Rev.09/06 OCF Form 26

(CARRY TOTAL FORWARD TO LINE 11)

OFFICE OF CAMPAIGN FINANCE LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE_OF __ SCHEDULE B-1 -- OTHER EXPENDITURES

YEAR: 2012

		7/1/2012 through 12/31/		
COMPENSAT	ING REGISTRANT'S NAME: Duncan Solutions, Inc.			
OTHER ACT	WATER EVERYORES IN OUR REP. OR	DAID DATE COMPENSATING REGISTRA	NT TO THE LODDWICT AND OR BY	
HOUSE EMP	LOYEE LOBBYIST FOR ACTIVITE	PAID BY THE COMPENSATING REGISTRA S RELATIVE TO LOBBYING ACTIVITIES IN	NT TO THE LOBBYIST AND/OR IN- THE DISTRICT.	*
DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL PAYMENT
1000	lot Applicable			•
				15
				\$
				\$
				\$
				\$
				\$
				\$
	TOTA	LOTHEREXPENDITURESPAIDFORLO	DBBYING	\$0.00
X IF YOU H	SPACE IS NEEDED, CHECK BOX	Y TOTAL FORWARD TO LINE 12) K AND ATTACH SUPPLEMENTAL SHEET ARRANGED ANY OTHER ACTIVITY EXI HING TO REPORT	TO SCHEDULE B-1 PENSES DURING THE PERIOD, C OCF For	

OFFICE OF CAMPAIGN FINANCE LOBBYIST ACTIVITY REPORT SCHEDULE C

(See reverse side for Instructions)

YEAR 2012

DATE	NAME	NATURE OF EMPLOYMENT WI REGISTRANT
	Not applicable	
Signature of registrant m	Vist Activity Report are to the best of James M. Ker Registrant (or, if not an individual ust sign).	my knowledge, true, correct, and connedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). St retained by contract to provide loating registrant.	my knowledge, true, correct, and commedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of obbying services may not sign on be
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). It retained by contract to provide loating registrant.	lty of perjury that the statements cont my knowledge, true, correct, and common and a secretary. Duncan Solo, an authorized officer or agent* of obbying services may not sign on be day of
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). St retained by contract to provide loating registrant. Individual was sworn to before me on this	my knowledge, true, correct, and commedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of obbying services may not sign on be
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). It retained by contract to provide loating registrant. Individual was sworn to before me on this	my knowledge, true, correct, and connedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of obbying services may not sign on be
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). It retained by contract to provide loating registrant. Individual was sworn to before me on this	my knowledge, true, correct, and connedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of obbying services may not sign on be day of
Signature of registrant m *The lobbyis the compens	Registrant (or, if not an individual ust sign). It retained by contract to provide loating registrant. Individual was sworn to before me on this	my knowledge, true, correct, and connedy - Assistant Secretary, Duncan Solo, an authorized officer or agent* of obbying services may not sign on be day of

REV 7/2000 OCF FORM 26