

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20009

Year 2013

Filing Fee Enclosed  
 Profit / \$250.00  
 Non-Profit / \$50.00

ORIGINAL  
 AMENDMENT

LOBBYIST REGISTRATION FORM  
(See reverse side for Instructions)

1. (a) Registrant's Name Duncan Solutions, Inc. (b) Daytime Phone Number (414) 847-3773  
(c) Permanent Address 633 W. Wisconsin Ave., Suite 1600 Milwaukee, WI 53203  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) N/A  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address JKennedy@DuncanSolutions.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name American Management Corporation (b) Name \_\_\_\_\_  
Address 1455 Pennsylvania Ave. NW, Suite 400 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington, DC 20004 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number (202) 280-6364 Daytime Phone Number \_\_\_\_\_  
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name Not Applicable (b) Daytime Phone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) \$2,500.00 per month (b) Month-to-month  
(Salary) (Duration of Employment)

If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach an OCF Supplemental Sheet if additional space is needed.

Delinquent collection services; parking-related systems and services

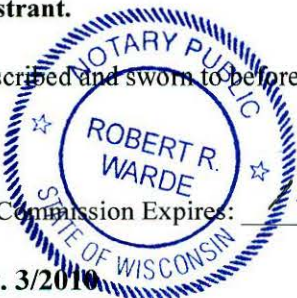
I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign)

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 15<sup>th</sup> day of January, 2013

My Commission Expires: 2-25-16



Robert R. Warde  
Notary Public

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