Edgar Filing: Young John Timothy - Form 4

| Young John Form 4 | Timothy | | | | | | | | | | | |
|---|---|----------------|--|--|--------|------------|---|---|-----------------|--|-----------|--|
| August 02, | 2010 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | | |
| Washington, D.C. 20549 | | | | | | | | | OMB Number | • | 3235-0287 | |
| Check this box if no longer | | | | | | |)E | Expires: | : Janu | ary 31, 2005 | | |
| subject Section Form 4 | 16. | MENI OF C | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Estimated average burden hours per response 0 | | |
| Form 5 obligation may con <i>See</i> Inst 1(b). | ons ntinue. Section 170 | (a) of the Pub | | lding Co | mpa | ny Act | nge Act of 193 of 1935 or Sec 940 | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1. Name and Young Joh | Address of Reporting n Timothy | Syr | . Issuer Name an mbol AMCO FINAI | 5. Relationship of Reporting Person(s) to Issuer | | | | | | | | |
| | | | AFI] | (Check all applicable) | | | | | | | | |
| (Last) | (First) (| , | 3. Date of Earliest Transaction (Month/Day/Year) | | | | _X_ Director 10% Owner Officer (give title Other (specify | | | | | |
| MANAGE | ON CAPITAL MENT, INC., 502 ON CENTER BL | 07 25 | /30/2010 | | | | below) | | below) |) | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| COLUMB | US, OH 43220 | | | | | | Form filed Person | by Mor | e than On | e Reporting | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivativ | e Seci | urities A | cquired, Dispose | ed of, a | or Benefi | icially Owr | ied | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code | | spose | d of | SecuritiesBeneficiallyOwnedFollowing | 6. Owner Form Direc or Ind (I) | ership : (D) | 7. Nature o Indirect Ber Ownership (Instr. 4) | | |
| | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | (Instr | . 4) | | | |
| Common Stock | 07/30/2010 | | Р | 1,466 | A | \$ 2.18 | 8,018 | I | (| By Defer Compens Plan | | |
| Common Stock | | | | | | | 200 | D | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | ive Conversion (Month/Day/Year) Execution D y or Exercise any | | Execution Date, if | 4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr | |
|---|--|----------------------------|--------------------|---|---------|---------------------|---|-------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Reporting Owners | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | Relationships Director 10% Owner Officer Other | | | | | | | |
| HAMILT 5025 ARI | | AL MANAGEME CENTER BLVD | ENT INC | X | Owner (| oncer our | | | | | |
| Signa | tures | | | | | | | | | | |
| /s/James Young | C. Brundret | t, POA for J. Time | othy | 08/02/20 | 010 | | | | | | |
| | **Signature of | Reporting Person | | Date | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.