FINANCIAL DISCLOSURE STATEMENT

(For use by Local Public Officers of the City/Town of PRESCOTT, AZ

Date MAY 28, 2013

For Calendar Year 2012 - 2013

(Or other applicable period, please specify)

1. **GENERAL INFORMATION**

List your name and address, and the name of each member of your household. Also, list all names under which you and members of your household did business. Include controlled and dependent businesses (see definitions) and indicate whether a business is controlled or dependent, or both.

(a) Name of Local Public Officer LEN SCHMADEKA

Address 314 DOUBLE D. DR. PRESCOTT,

(b) Name of Local Public Officer's Spouse MARILYN

(c) Members of Household

(d) Names under which you, your spouse and members of your household (those persons listed in (a), (b) and (c) above) did business.

Local Public Officer or Member of Household	Business Name	Business Address	Controlled and/or Dependent Business
LEN SCHMADEKA	S DOG BUILDERS	314 DOUBLE D. DR. PRESCOTT, AZ. 86301	

2. **SOURCES OF COMPENSATION**

List names and addresses of all employers and all other sources of compensation in excess of $1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over $1,000	Business and Individual's Services for Which Compensation Was Received
LEN SCAMARCIO	NONE	

3. **INFORMATION ON CONTROLLED BUSINESS**

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than $10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.
The amount of income from any customer or client.
The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than $10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
NONE	NONE	NONE	NONE

(Use additional sheet if there is more than one such major customer or client of a controlled business.)

4. **INFORMATION ON DEPENDENT BUSINESS**

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business.

You Need Not List:

The identity of any customer or client.
The amount of income from any customer or client.
The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than $10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
NONE	NONE	NONE	NONE

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

5A. **OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS**

List the names and addresses of all businesses and trusts in which you or members of your household had an ownership or beneficial interest of over $1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

Name and Address of Business or Trust	Local Public Officer or Member of Household	Description of Interest	Value of Equity by Category #
NONE			

5B. **OFFICES OR FIDUCIARY RELATIONSHIPS IN BUSINESS OR TRUST**

List the names and addresses of all businesses and trusts in which you or any member of your household held any office or had a fiduciary relationship at any time during the preceding calendar year, together with a description of the office or relationship.

Regardless of any financial interest, you should list all businesses and trusts of which you or any member of your household is president, treasurer, secretary or trustee, etc. (Refer to the definition of "Business".)

Name and Address of Business/or Trust	Local Public Officer or Member of Household	Description of Office or Relationship
NONE		

6. **REAL PROPERTY OWNERSHIP IN CITY/TOWN OF** _____

List all real property interests and real property improvements located in the City/Town of PRESCOTT AZ, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

You Need Not List:

Your primary residence.
Property used for personal recreation by you.
Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

Location and Approximate Size of Realty in City/Town	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
314 DOUBLE D. PRESCOTT	LEN SCAMARDO		1998

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

Name of Controlled or Dependent Business Dealer in Real Property	Aggregate Value of Equity Interests by Category #
N/A	

7. **DEBTS; EXCEPTIONS**

List names and addresses of creditors for all debts in excess of $1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than $10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.
Credit card transactions.
Debts on residences or recreational property exempt from disclosure.
Retail installment contracts.
Debts on motor vehicles not used for commercial purposes.
Debts secured by cash values on life insurance.
Debts owed to relatives.
Any amounts.

PERSONAL DEBTS OVER $1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged

BUSINESS DEBTS OVER $10,000 AND 30%

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged

8. **DEBTORS**

List the name of the debtor for each debt in excess of $1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding $10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER $1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owned	Amount by Category #	Date Incurred and/or Discharged

DEBTS OVER $10,000 AND 30% OWED TO YOUR BUSINESS

Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged

9. **GIFTS**

List each source of any gift or accumulated gifts in excess of $500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

Gifts received by will.
Gifts received by intestate succession.
Gifts received from intervivos (living) trusts established by a spouse or ancestor.
Gifts received from testamentary trusts established by a spouse or ancestor.
Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)
Political campaign contributions if publicly reported as political campaign contributions.
Amounts.

Name of Donor of Gifts over $500	Local Public Officer or Member of Household---Recipient

10. **BUSINESS LICENSES**

List all business licenses issued, by the City/Town of _____ or by any other governmental agency which requires for its issuance the consideration of the application for such license by the _____ council of the _____ of _____, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.

Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Business	Location of Business
N/A				

11. **LOCAL GOVERNMENT BONDS**

List all bonds, together with their value, issued by the City/Town of _____, any industrial development authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of $1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

Bonds Over $1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	Date Acquired and/or Divested
N/A				

VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to Resolution No. 021652

Signature of Affiant

SUBSCRIBED and sworn to before me by Len Scamardo
this 22 day of May, 2013

Notary Public

My Commission Expires:

OFFICIAL SEAL
LYNN J. MULHALL
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Commission Expires JUL. 31, 2013