

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

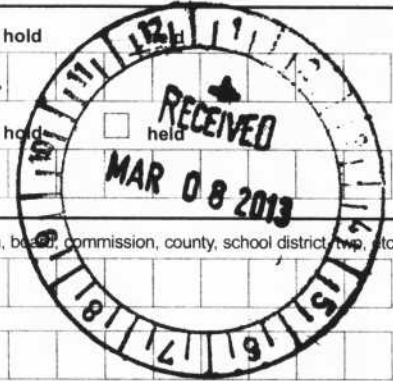
01 LAST NAME FIRST NAME MI SUFFIX  
MELNICK STEPHEN L

02 ADDRESS 1624 EASTON AVE, City BETHLEHEM State PA Zip Code 18017 Area Code 610 Phone 758-9439

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
B  Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking hold  
A BETHLEHEM CITY COUNCIL  seeking  hold  
B



05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.)  
A CITY OF BETHLEHEM  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
SEMI-RETIRED CONSULTANT 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.   
NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: CHASE AUTO FINANCE Address: P.O. Box 78068 PHOENIX, AZ 85062-8068 Interest Rate: 2%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: Lehigh Valley Economic Dev Corp Address: 2158 AVE C Bethlehem, PA 18017 (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby certifies that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am the subject