

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
KOCSTIS SEFFREY M I I

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
1916 Pelham Rd Bethlehem PA 18018 (484) 884-559-309

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  held  
A BETHLEHEM City Council  seeking  hold  held  
B Clerical Specialist

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, twp, etc.)  
A BETHLEHEM City Council  
B Lehigh County

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.  
Clerical Specialist 2014

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  Interest Rate  
Name: NAVient Student Loans Address: PO Box 9533 3.5% 5.5%  
W. Kes-Baeer PA 18773-9533

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.  (OFFICIAL USE ONLY)  
Name: Lehigh County Address: 17 South 7th St  
PA Gaming Control Board Allentown PA 18101  
PO Box 69060 Harrisburg, PA 17106

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

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

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

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

The undersigned certifies that the information provided on this form is true and correct to the best of the person's knowledge, information and belief; said affirmation being made subject to the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3-5-15  
COMPLETED. MAKE A COPY FOR YOUR RECORDS.

JEFFREY KOCSIS

04) Compliance Representative – PA Gaming Control Board

05) PA Gaming Control Board