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2011 MAY -3 AM 11:39

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

SECRETARY OF PUBLIC WELFARE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

May 3, 2011

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent of the Senate, The Honorable Gary Alexander, 2801 North Second Street, Harrisburg 17110, Dauphin County, Fifteenth Senatorial District, for appointment as Secretary of Public Welfare, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice The Honorable Harriet Dichter, Philadelphia, resigned.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A | l | e | x | a | n | d | e | r | | | | | G | a | r | y | | | | | D | |

02 ADDRESS City State Zip Code Area Code Phone

22 Whitspring Pk Ter Greenville RI 02155 (401) 954-8288

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 filling as a solicitor Check this block if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held See Attachmen

A Secretary Public Welfare seeking hold held

B Deputy Secretary / Acting Secretary

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 DEPUTY SECRETARY DPW 2011 FEB - 9 APR 11 10 RECEIVED

B Public Welfare

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:

Deputy Secretary / Acting Secretary 2011

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.

Name: Citizens Bank Address: PO Box 1000 Providence RI 02940 Interest Rate: 4.5

American Honda Finance Corp 1000 Kelly Way, Holyoke, MA 01031 Interest Rate: 3.99

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Rhode Island Department of Human Services Address: 1000 New London Avenue, Cranston RI 02910

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [Blank] Value of Gift: [Blank]

Address of Source of Gift: [Blank] Circumstances (including description) of Gift: [Blank]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [Blank] Value: [Blank]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Smithfield Little League Bd Address: 49 Farnum Pike Smithfield, Rhode Island Zip Code: 02917 Position Held: Vice President/Manager

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: [Blank] Interest Held: [Blank]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [Blank] Interest Held: [Blank] Relationship: [Blank] Date Transferred: [Blank]

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Signature] Enter Current Date: 02/01/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Statement of Financial Interests

04

- C - Ex-Officio Officer - Hold
- D - Ex-Officio Officer - Hold
- E - Ex-Officio Officer - Hold
- F - Ex-Officio Officer - Hold
- G - Ex-Officio Officer - Hold
- H - Ex-Officio Officer - Hold
- I- Secretary- Held
- J- Director- Held

05

- C - PA Emergency Management Council
- D - CHIP Advisory Council
- E - PA Commission on Crime and Delinquency
- F - PA Housing & Finance Agency Advisory Committee
- G - State Planning Board
- H - PA Workforce Investment Board
- I- Health and Human Services, State of Rhode Island
- J- Health and Human Services, State of Rhode Island

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2011 FEB - 9 PM 4: 10

SENATE OF PA
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2011 FEB - 9 P 3: 57

STATE ETHICS
COMMISSION

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2011 MAY - 3 AM 11: 39

SENATE OF PA
SECRETARY'S OFFICE

STATE ETHICS
COMMISSION

2011 MAY - 3 A 11: 30