



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR
SECRETARY OF PUBLIC WELFARE

January 18, 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, 22 Whispering Pine Terrace, Greenville, Rhode Island, 02828, 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". The signature is fluid and cursive, with a long horizontal stroke at the end.

Tom Corbett
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Alexander Gary D

02 ADDRESS City State Zip Code Area Code Phone

22 Whiteoaks Pkwy 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 filing 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 Attachment

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 10 RECEIVED

B Public Welfare SECRETARY STATE ETHICS COMMISSION

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 10

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 7000 Providence RI 02940 Interest Rate 4.5

American Home Finance Corp 1000 Kelly Way, Holyoke, MA 01040-9087 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 block. (OFFICIAL USE ONLY)

Name Rhode Island Department of Human Services Address 1000 New London Avenue, Cranston, RI 02900

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

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value 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) 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 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 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
SECRETARY'S OFFICE

2011 FEB -9 PM 3: 57

STATE ETHICS
COMMISSION