

REVISED 3/2011

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Joint Legislative Ethics Committee
Office of the Legislative Inspector General
50 West Broad Street, Suite 1308
Columbus, Ohio 43215
(614) 728-5100 www.jlec-olig.state.oh.us

Official Use Only

INITIAL POST EMPLOYMENT DISCLOSURE STATEMENT

Attention: Only financial disclosure statement filers leaving public service need file this form.
There is no fee to file this Statement.

I. General Information If this is an amended statement, please check here: _____

Name: Stan W. Heffner
 Agency/Office of Public Employment: Ohio Department of Education
 Last Date of Public Service/Employment: July 31, 2011
 Home Address: effective August 1, 2011: 718 Treaty Oak
 City: San Antonio State: Texas ZIP: 78258
 Phone: () _____ Email _____

II. Employer: If known, please indicate your place of employment following State Service/Employment. If unknown please check here _____ and proceed to Section IV.

Name of New Employer: Educational Testing Service Date of Employment: 8/1/11
 Street Address: 10999 Interstate Highway 10 West Suite 400
 City: San Antonio State: Texas ZIP: 78230

III. Identifying Qualifying Sources of Income

Revised Code §102.021(A)(2) requires that sources of income received in your own name, or by any other person your use or benefit, from any of the following categories be disclosed:

- A. an executive agency lobbyist or legislative agent;
- B. the employer of an executive agency lobbyist or legislative agent (that is not a state agency or political subdivision of the state);
- C. any entity, association or business that, at any time during the two immediately preceding calendar years, was awarded one or more contracts by one or more state agencies that in the aggregate had a value of \$100,000 or more, or bid on one or more contracts to be awarded by one or more state agencies that in the aggregate had a value of \$100,000 or more. *see further information below

If you will receive income from any of the above Qualifying Sources please proceed to Section III A on the following page.

If you will not receive income from any of the sources listed above please check here: and proceed to Section IV on the following page.

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OFFICE OF LEGISLATIVE INSPECTION GENERAL

III A. Please identify all sources of income to be received from a qualifying source:

If this Qualifying Source is the same as listed in Section II please check here _____. Please indicate the type of Qualifying Source and provide the source's contact person and telephone number.

Type of Qualifying Source: A. ____ B. ____ C. ____ (please check all that apply)

Name of Qualifying Source: _____ Date: _____

Type of Business: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone: (_____) _____

I will be lobbying on behalf of this qualifying source: _____ (please check here)

III A. (continued) Additional Qualifying Sources

Type of Qualifying Source: A. ____ B. ____ C. ____ (please check all that apply)

Name of Qualifying Source: _____ Date: _____

Type of Business: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone: (_____) _____

I will be lobbying on behalf of this qualifying source: _____ (please check here)

IV. Certification

The undersigned hereby certifies that all reasonable efforts and due diligence have been undertaken in the preparation and completion of this statement and that the contents are true and accurate to the best of his or her knowledge.

The undersigned also acknowledges an affirmative duty to file an Amended Initial Post Employment Disclosure Statement should any of the above information change within two years following public service or public employment. The amended statement must be filed within ten days of obtaining a new qualifying source of income.

Jan W. Heffner
Type or Print Name

Jan W. Heffner
Signature

JUN 27 2011
Date

*Please utilize the Controlling Board's website www.ecb.ohio.gov under 'Search Requests' and/or contact your new employer to determine if the entry received, or bid on, state contracts that in the aggregate had a value of \$100,000.00 or more in the preceding two years.

For a list of lobbyists and employers of lobbyists, please visit <http://www2.ilec-olig.state.oh.us/olac/>.

Should you have questions regarding Post Employment Disclosure please contact The Office of the Legislative Inspector General at 614.728.5100.

Employer: Educational Testing Services

Reporting Period: Jan-Apr11
File Date: 5/20/2011
Confirmation: 20110520LUPE116184

I. List of Agents

Elise deLanglade Spriggs
Stephen E Tugend

II. Legislative Employer Activity

Please disclose specific bills and resolutions on which active advocacy occurred during this reporting period

Bill/Resolution Number

-HB 153 State Program Budget and Operations

*** ANY LEGISLATIVE TITLES APPEARING IN THE DISCLOSURE ABOVE ARE FOR INFORMATIONAL PURPOSES ONLY AND NOT INTENDED TO BE AN OFFICIAL OR EXCLUSIVE DESIGNATION OF ANY LEGISLATION CURRENTLY BEFORE OR ENACTED BY THE OHIO GENERAL ASSEMBLY.

III. Legislative Expenditure Statement

A. Gifts

Date	Recipient	Description	Legislation	Date Notified	Amount
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B. Meals and Beverages

Date	Recipient	Description	Legislation	Date Notified	Amount
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C. Dinner, Party or Other Similar Functions to which all Members of the General Assembly were invited.

D. Non-Itemized Meals and Beverages

National Conference Meals \$0 00

Total Aggregate (A + B + C + D) \$0.00
No Expenditures

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