

LOCAL OPTION BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:
 Arkansas Ethics Commission
 Post Office Box 1917
 Little Rock, AR 72203
 Phone (501) 324-9600
 Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

FILED

FEB 04 2015

ARKANSAS ETHICS
 COMMISSION
 BY TD

Check if this report is an amendment to a previously filed report

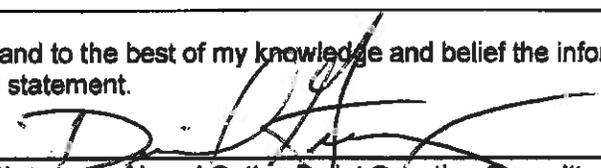
1. NAME OF COMMITTEE (IN FULL) Education Corps Jacksonville/North Polestar School District	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Prefection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election)
ADDRESS P.O. Box 5366	*NOTE: Prefection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Jacksonville, AR 72076	
TELEPHONE NUMBER 501-960-3181	

This report covers period: (07-07-2014) through (1-31-2015)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	2718.88	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	-0-	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	2718.88	

7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

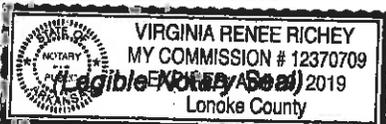


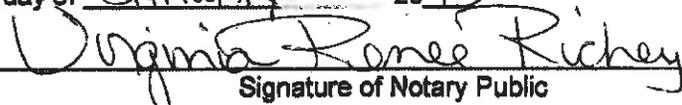
 Signature of Local-Option Ballot Question Committee Officer

State of Arkansas

County of Lonoke) ss

Subscribed and sworn before me this 31st day of January 2015





 Signature of Notary Public

My Commission Expires 4-29-2019