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**FEC
FORM 1**

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Voyager Expanded Learning, Inc.

Good Government Program

ADDRESS (number and street) 1125 Longpoint Avenue

(Check if address is changed)

Dallas TX 75247

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.voyagerlearning.com

2. DATE 07 15 2001

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT XX NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randy Bell

Signature of Treasurer *Randy Bell* Date 07 31 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Voyager Expanded Learning, Inc. _____

Mailing Address 1125 Longpoint Avenue _____

Dallas _____ TX _____ 75247 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- | | | |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Randy Bell

Mailing Address 1125 Longpoint Avenue

Dallas TX 75247

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 214-932-3222

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Randy Bell

Mailing Address 1125 Longpoint Avenue

Dallas TX 75247

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 214-932-3222

Full Name of Designated Agent Deborah Nugent

Mailing Address 1125 Longpoint Avenue

Dallas TX 75247

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 214-932-3208

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Texas Capital

Mailing Address 4230 LBJ Freeway,

Suite 414

Dallas TX 75244

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

Jm10
PREPARER

8-6-01
DATE PREPARED