

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) **Payless ShoeSource, Inc. Political Action Committee** DATE **May 28, 1996**

(b) Number and Street Address (Check if address is changed) **3231 E. 6th St., P.O. Box 1189** IDENTIFICATION NUMBER **JUN 10 11 25 AM '96**

(c) City, State and ZIP Code **Topeka, Kansas 66607**

4. IS THIS STATEMENT AN AMENDMENT?  YES  NO

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)
- (c) This committee supports/opposes only one candidate \_\_\_\_\_, and is NOT an authorized committee (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Payless ShoeSource, Inc.	3231 E. 6th St., P.O. 1189 Topeka, Kansas 66601-1189	Connected

Type of Connected Organization  
 Corporation  Corporation with Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Lynn Larson	Payless ShoeSource, Inc. Treasury Operations 3231 E. 6th St., Topeka, KS 66607	Manager of Cash Management

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	Mailing Address	Title or Position
Ulrich Porzig, Treasurer	3231 E. 6th St. Topeka, KS 66607	Sr. Vice President CFO
Garry Kelly, Assistant Treasurer	"	Sr. Vice President

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.	Mailing Address and ZIP Code
Bank IV, N.A.	535 Kansas Avenue, Topeka, KS 66603

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 <b>Ulrich Porzig</b>	SIGNATURE OF TREASURER <i>Ulrich Porzig</i>	DATE <b>6/3/96</b>
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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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

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

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<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

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<i>Feb</i> PREPARER	6-10-96 DATE PREPARED
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