

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -2 P 1:29

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

121499  
C00219308  
P 256ULLRICH PORZIG  
PAYLESS SOURCE INC POLITIC  
AL ACTION COMMITTEE  
3231 E 4TH ST  
PO BOX 1189  
TOPEKA KS 66607

2. FEC IDENTIFICATION NUMBER  
3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### 4. TYPE OF REPORT

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 30  
 May 20  September 20  January 01

12 Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/01/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 26,835.06
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,427.04	
(c) Total Receipts (from Line 19)	\$ 728.17	\$ 13,683.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 40,155.21	\$ 40,518.71
7. Total Disbursements (from Line 30)	\$ 2,942.49	\$ 3,305.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,212.72	\$ 37,212.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:  
Federal Election Commission  
400 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-634-1100

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

Type or Print Name of Treasurer  
Ulrich E. Porzig

Signature of Treasurer  
*Ulrich E. Porzig*

Date  
1/27/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §407g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <b>Payless ShoeSource, Inc. Political Action Comm.</b>		REPORT COVERING PERIOD		
		FROM <b>7/01/99</b>	TO <b>12/31/99</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) .....	250.00	10,450.00	11(a)(i)
ii.	Unitemized .....	0.00	2,375.00	11(a)(ii)
iii.	Total .....	250.00	12,825.00	11(a)(iii)
b.	Political Party Committees .....			11(b)
c.	Other Political Committees (such as PACs) .....			11(c)
d.	Total Contributions .....	250.00	12,825.00	11(d)
12.	Transfers From Affiliated/Other Party Committees .....			12
13.	All Loans Received .....			13
14.	Loan Repayments Received .....			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	478.17	858.65	17
18.	Transfers from Nonfederal Accounts for Joint Activity .....			18
19.	Total Receipts .....	728.17	13,683.65	19
20.	Total Federal Receipts .....	728.17	13,683.65	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share .....			21(a)(ii)
ii.	Non-Federal Share .....	442.49	805.99	21(b)
b.	Other Federal Operating Expenditures .....	442.49	805.99	21(c)
c.	Total Operating Expenditures .....			22
22.	Transfers to Affiliated/Other Party Committees .....	2,500.00	2,500.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....			24
24.	Independent Expenditures (use Schedule E) .....			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			26
26.	Loan Repayments Made .....			27
27.	Loans Made .....			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees .....			28(c)
b.	Political Party Committees .....			28(d)
c.	Other Political Committees (such as PACs) .....			28(e)
d.	Total Contribution Refunds .....	0.00	0.00	28(f)
29.	Other Disbursements .....			29
30.	Total Disbursements .....	2,942.49	3,305.99	30
31.	Total Federal Disbursements .....	2,942.49	3,305.99	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	250.00	12,825.00	32
33.	Total Contributions Refunds (from line 28d) .....	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from line 32) .....	250.00	12,825.00	34
35.	Total Federal Operating Expenditures .....	442.49	805.99	35
36.	Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36
37.	Net Operating Expenditures .....	442.49	805.99	37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

I have separate sheets (16/9) for each category of the Detailed Summary Form

PAGE	OF
1	1
FOR LINE NUMBER	
23	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Payless ShoeSource, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to ReElect Kent Glasscock State Representative 62nd Dist. State Capitol, Room 381-W Topeka, KS 66612-1504	Kent Glasscock State Rep. 62nd Dist. KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/24/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ryan For Congress Committee P.O. Box 826 Topeka, KS 66601-826	Jim Ryan House Candidate 2nd KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Moran For Congress Committee 1207 Longworth House Office Bldg Independence & New Horsey Ave, S.E. Washington, DC 20515	Jerry Moran House Candidate 1st KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

**SUBTOTAL** of Disbursements This Page (optional) .....

2,500.00

**TOTAL** This Period (last page this line number only) .....

2,500.00

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NAME OF COMMITTEE (in full)

Payless ShoeSource, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Randall Swain 1709 Luerness Dr. Lawrence, KS 66047	Payless ShoeSource, Inc.	11/10/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)

Payless ShoeSource, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Nations Bank 534 S. Kansas Ave Topeka, KS 66603	Payless ShoeSource, Inc.	07/01/99 thru 12/31/99	478.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Internal annual inv. acct.	Occupation	Aggregate Year-To-Date > \$ 478.17	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 178.17

TOTAL This Period (last page this line number only) ..... 478.17

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of item detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 215

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**NAME OF COMMITTEE (in Full)**

Payless ShoeSource, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank fees on PAC svcs. & checking accounts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/01/99 - 12/31/99	Amount of Each Disbursement This Period 442.49
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 442.49

TOTAL This Form (use page this form includes with) ..... 442.49

**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
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/28/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
SA	2/2/00
PREPARER	DATE PREPARED