

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 1 11 02 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00319368 120397 N 268
 ULLRICH PORZIG
 PAYLESS BRODSOURCE INC POLITIC
 AL ACTION COMMITTEE
 3231 E 6TH 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 20
 May 20 September 20 January 31
- 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	07/01/97 through 12/31/97		
6. (a)	Cash on Hand January 1, 19 97		\$ 11,277.91
(b)	Cash on Hand at Beginning of Reporting Period	\$ 28,503.92	
(c)	Total Receipts (from Line 10)	\$ 4,130.95	\$ 23,373.21
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,634.87	\$ 34,651.12
7.	Total Disbursements (from Line 80)	\$ 3,020.03	\$ 5,036.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,614.84	\$ 29,614.84
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Ullrich E. Porzig

Signature of Treasurer
Ullrich E. Porzig

Date
1/23/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, REC FORM 3X

(revised 1/1/97)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Payless ShoeSource, Inc. PAC		FROM 07/01/97	TO: 12/31/97
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,225.00	20,975.00
ii. Unitemized		475.00	1,700.00
iii. Total (add i and ii) >		3,700.00	22,675.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		3,700.00	22,675.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		430.95	698.21
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		4,130.95	23,373.21
20. Total Federal Receipts (subtract line 18 from line 19) >		4,130.95	23,373.21
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		20.03	36.28
b. Other Federal Operating Expenditures		20.03	36.28
c. Total Operating Expenditures (add a i, a ii, and b) >		20.03	36.28
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,000.00	5,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		.00	00.00
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		3,020.03	5,036.28
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		3,020.03	5,036.28
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,700.00	22,675.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,700.00	22,675.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		20.03	36.28
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		20.03	36.28

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(i)

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
Charles Guardiola 8647 SW 77th Auburn, KS 66402	Payless ShoeSource, Inc.	12/02/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Dri.-Distribution Center	Aggregate Year-To-Date > \$ 250.00
B. Full Name, Mailing Address and Zip Code Scott Larson 4148 SE 61st Berryton, KS 66409	Payless ShoeSource, Inc.	07/17/97	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Dir.-International Transportation	Aggregate Year-To-Date > \$ 250.00
C. Full Name, Mailing Address and Zip Code Harris Mustafa 3951 SW Gannwell Topeka, KS 66610	Payless ShoeSource, Inc.	10/22/97	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SVP-Merchandise Distribution	Aggregate Year-To-Date > \$ 225.00
D. Full Name, Mailing Address and Zip Code Mark Carl 1284 Cinnamon Ln Eldersburg, MD 21784	Payless ShoeSource, Inc.	12/04/97	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Mgr.-Real Estate	Aggregate Year-To-Date > \$ 250.00
E. Full Name, Mailing Address and Zip Code Beric Christiansen 1941 Lake Street Huntington Beach, CA 92648	Payless ShoeSource, Inc.	08/25/97	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP-Regional Real Estate Director LA	Aggregate Year-To-Date > \$ 500.00
F. Full Name, Mailing Address and Zip Code Bryan Collins 1708 Fredwick Dr Lawrence, KS 66049-377	Payless ShoeSource, Inc.	12/18/97	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SVP/Div. Dir.-Parade of Shoes	Aggregate Year-To-Date > \$ 500.00
G. Full Name, Mailing Address and Zip Code Stephen Gish 1314 Vanturyl Dr 841-7257 Lawrence, KS 66049	Payless ShoeSource, Inc.	08/28/97	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP-Operations Parade of Shoes	Aggregate Year-To-Date > \$ 500.00
SUBTOTAL of Receipts This Page (optional)			2,225.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11(a)(i)

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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
Gary Stone 2003 Palmer Ct Lawrence, KS 66047	Payless ShoeSource, Inc.	10/23/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Real Estate & Construction	Aggregate Year-To-Date > \$ 1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc.		
	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.		
	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.		
	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.		
	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.		
	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.		
	Occupation	Aggregate Year-To-Date > \$	
SUBTOTAL of Receipts This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			3,225.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(ii)

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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
Jeff Fullmer 3709 SW Spring Creek Dr Topeka, KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-Adm Pmg	12/30/97 Aggregate Year-To-Date > \$ 25.00	25.00
Kirk Hale 3920 SW Marion Ln Topeka, KS 66610 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-West Hemisphere Sourcing	12/03/97 Aggregate Year-To-Date > \$ 25.00	25.00
James Wichern 7521 SW Blue Inn Pl Topeka, KS 66614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-Field Audit	12/02/97 Aggregate Year-To-Date > \$ 25.00	25.00
Michele Park 1657 Louisiana Lawrence, KS 66044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation VP/SR Buyer	11/26/97 Aggregate Year-To-Date > \$ 50.00	50.00
Jeffrey Swanson 4516 Harvard Lawrence, KS 66049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-Mktg Distribution-Mens	07/21/97 Aggregate Year-To-Date > \$ 50.00	50.00
Tracy Ahearn 245 Runner's Ct Alpharetta, GA 30201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-Retail Operations	12/01/97 Aggregate Year-To-Date > \$ 100.00	100.00
Myrl Cobb 5740 SW Woodbridge Dr Topeka, KS 66606-2392 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc. Occupation Dir.-Logistics Systems	11/26/97 Aggregate Year-To-Date > \$ 100.00	100.00
SUBTOTAL of Receipts This Page (optional)			375.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11(a)(ii)

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
Nathan Gray 4525 Grove Dr Lawrence, KS 66049-3779	Payless ShoeSource, Inc.	12/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr.-Mds Planning	Aggregate Year-To-Date > \$ 100.00	
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)			100.00
TOTAL This Period (last page this line number only)			475.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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 (Bank IV) 534 S. Kansas Ave. Topeka, KS 66603		07/01/97-12/31/97	430.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest savings acct	Occupation Aggregate Year-to-Date > \$ 698.21		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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
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
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
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
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
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)

430.95

TOTAL This Period (last page this line number only)

430.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 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
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)	12-19-97	1,000.00
B. Full Name, Mailing Address and ZIP Code Robert Matsui for Congress Committee P.O. Box 1347 Sacramento, CA 95806	Robert Matsui, House Candidate 5th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-19-97	1,000.00
C. Full Name, Mailing Address and ZIP Code Sam Brownback for U.S. Senate 4010 Franconia Rd Alexandria, VA 22310-2136	Sam Brownback for U.S. Senate - KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/19/97	1,000.00
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)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

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
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/27/98
<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	
 <i>ABW</i>	 2/1/98
PREPARER	DATE PREPARED