

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

NOV 30 12 23 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (Print)  
 C00319368 101998 N 268  
 ULLRICH PORZIG  
 PAYLESS SHOESOURCE INC POLITIC  
 AL ACTION COMMITTEE  
 3231 E 6TH ST  
 PO BOX 1189  
 TOPEKA KS 66607

2. FEC IDENTIFICATION NUMBER  
C00319368

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 11/03/98 in the State of KS

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19____		\$ 29,614.84
(b)	Cash on Hand at Beginning of Reporting Period	\$ 25,612.83	
(c)	Total Receipts (from Line 19)	\$ 1,401.80	\$ 7,790.99
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,014.63	\$ 37,405.83
7.	Total Disbursements (from Line 30)	\$ 63.15	\$ 10,454.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,951.48	\$ 26,951.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20403 Toll Free 800-424-9630 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	

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

11/25/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X  
(revised 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
	10/15/98	11/23/98	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	400.00	4,550.00	11(a)(i)
i. Itemized (use Schedule A) .....			
ii. Unitemized .....	950.00	2,655.00	11(a)(ii)
iii. Total .....	1,350.00	7,205.00	11(a)(b)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	1,350.00	7,205.00	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.) .....	51.80	585.99	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	1,401.80	7,790.99	19
20. Total Federal Receipts .....	1,401.80	7,790.99	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....	63.15	454.35	21(b)
c. Total Operating Expenditures .....	63.15	454.35	21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	10,000.00	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds .....	0.00	0.00	28(d)
29. Other Disbursements .....			29
30. Total Disbursements .....	63.15	10,454.35	30
31. Total Federal Disbursements .....	63.15	10,454.35	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11 d) .....	1,350.00	7,205.00	32
33. Total Contribution Refunds (from line 28 d) .....	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	1,350.00	7,205.00	34
35. Total Federal Operating Expenditures .....	63.15	454.35	35
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36
37. Net Operating Expenditures .....	63.15	454.35	37

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
Robert J. Stevens 11242 Cherry Hill Rd., No. 304 Beltsville, MD 20705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation District Manager  Aggregate Year-To-Date > \$ 10.00	11/08/98	10.00
Dana Tan 8009 37th Ave Sacramento, CA 95824  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation Field Auditor  Aggregate Year-To-Date > \$ 20.00	10/16/98	20.00
Robert Sittig Jr. 8311 South Rosebury Ave Apt 2W Clayton, MD 21035  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation District Manager  Aggregate Year-To-Date > \$ 20.00	10/16/98	20.00
William H. Rainey 901 Deer Run Dr. Lawrence, KS 66049  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation Sr. Vice President  Aggregate Year-To-Date > \$ 100.00	10/16/98	100.00
William H. Rainey 901 Deer Run Dr. Lawrence, KS 66049  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation Sr. Vice President  Aggregate Year-To-Date > \$ 200.00	11/19/98	100.00
Robert Larry Evans 11100 Newcastle Granada Hills, CA 91344  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation Director-Retail Operations  Aggregate Year-To-Date > \$ 100.00	10/16/98	100.00
Mark P. Carl, Jr. 2267 Foxboro Ln Naperville, IL 60564  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payless ShoeSource, Inc.  Occupation Manager-Remodel & Construction  Aggregate Year-To-Date > \$	10/15/98	100.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>450.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(8)

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NAME OF COMMITTEE (in full)  
Payless ShoeSource, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code  James Turcotte 11477 Bobolink Lane Moreno Valley, CA 92557	Name of Employer Payless ShoeSource, Inc.	Date (month day, year) 11/06/98	Amount of Each Receipt This Period  100.00
	Occupation District Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 100.00	

B. Full Name, Mailing Address and Zip Code  Larry Nikkel 3744 SE Herefordshire Topeka, KS 66610	Name of Employer Payless ShoeSource, Inc.	Date (month day, year) 11/06/98	Amount of Each Receipt This Period  100.00
	Occupation Director Mdsse Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 100.00	

C. Full Name, Mailing Address and Zip Code  Tim Clothier 1821 SW 32nd Terr Topeka, KS 66611	Name of Employer Payless ShoeSource, Inc.	Date (month day, year) 11/19/98	Amount of Each Receipt This Period  100.00
	Occupation Director-Mdsse Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 100.00	

D. Full Name, Mailing Address and Zip Code  James J. Feaney P.O. Box 1169 Topeka, KS 66601	Name of Employer Payless ShoeSource, Inc.	Date (month day, year) 11/06/98	Amount of Each Receipt This Period  200.00
	Occupation VP Employee Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 200.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer Payless ShoeSource, Inc.	Date (month day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	

F. Full Name, Mailing Address and Zip Code	Name of Employer Payless ShoeSource, Inc.	Date (month day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	

G. Full Name, Mailing Address and Zip Code	Name of Employer Payless ShoeSource, Inc.	Date (month day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 500.00

TOTAL This Period (last page this line number only) ..... 850.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
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
G Martin Herter 930 Amanda Pines Dr Parker, CO 80134	Payless ShoeSource, Inc.	11/06/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Field Operations	Aggregate Year-To-Date > \$ 350.00	Amount of Each Receipt This Period
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Daniel Pavella 2225 Palmer PL Tustin, CA 92782	Payless ShoeSource, Inc.	11/19/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Retail Operations	Aggregate Year-To-Date > \$ 300.00	
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 > \$ 100.00	
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)			400.00
TOTAL This Period (last page this line number only)			400.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Payless ShoeSource, Inc. PAC

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		10/15/98 11/23/98	51.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Savings Acct.	Occupation	Aggregate Year-to-Date > \$ 585.99	
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) ..... 51.80

**TOTAL** This Period (last page this line number only) ..... 51.80

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nations Bank 534 S Kansas Ave. Topeka, KS 66603	Bank fees for PAC bank accounts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/15/98- 11/23/98	63.15
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) .....

63.15


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

63.15

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 11/25/98
<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	
 PREPARER	11/30/98 DATE PREPARED