

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 19 12 55 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Payless ShoeSource Inc. Political Action Committee	2. FEC IDENTIFICATION NUMBER C00319368
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3231 E 6th St., P.O. Box 1189	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Topeka, KS 66607	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>07/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 29,614.84
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,002.74	
(c) Total Receipts (from Line 18)	\$ 5,491.93	\$ 6,094.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 34,494.67	\$ 35,709.03
7. Total Disbursements (from Line 30)	\$ 176.84	\$ 1,391.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 34,317.83	\$ 34,317.83
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 959 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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 Ulrich E. Porzig	Date
Signature of Treasurer <i>Ulrich E. Porzig</i>	10/15/98

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Payless ShoeSource, Inc. PAC	FROM 07/01/98	TO 09/30/98	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,000.00	4,250.00	11(a)
ii. Unitemized	1,310.00	1,310.00	11(b)
iii. Total (add i and ii) >	5,310.00	5,560.00	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			12
d. Total Contributions (add a iii, b and c) >	5,310.00	5,560.00	13
12. Transfers From Affiliated/Other Party Committees			14
13. All Loans Received			15
14. Loan Repayments Received			16
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	181.93	534.19	18
17. Other Federal Receipts (Dividends, Interest, etc.)			19
18. Transfers from Nonfederal Account for Joint Activity			20
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,491.93	6,094.19	
20. Total Federal Receipts (subtract line 16 from line 19) >	5,491.93	6,094.19	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (From Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share	176.84	391.20	21(b)
b. Other Federal Operating Expenditures	176.84	391.20	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees	0.00	1,000.00	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. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)	0.00	0.00	29
d. Total Contribution Refunds (add a, b and c) >			30
29. Other Disbursements	176.84	1,391.20	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	176.84	1,391.20	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,310.00	5,560.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,310.00	5,560.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	176.84	391.20	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	176.84	391.20	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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
Lynn Ellen Via 1731 Mitchell Ave Apt #87 Tustin, CA 92780	Payless ShoeSource, Inc.	09/08/98	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Staff Assistant	Aggregate Year-To-Date > \$ 5.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
James Haaney 7518 SW Blue Inn Place Topeka, KS 66614	Payless ShoeSource, Inc.	08/24/98	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager Outbound Distribution	Aggregate Year-To-Date > \$ 10.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Keith Harrington 1786 Morley St. Simi Valley, CA 93085	Payless ShoeSource, Inc.	09/24/98	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager/District	Aggregate Year-To-Date > \$ 10.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Timothy Henry 1166 Feeler St El Cajon, CA 92020	Payless ShoeSource, Inc.	08/24/98	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realestate Rep.	Aggregate Year-To-Date > \$ 10.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Elizabeth Morris 1012 Oak Tree Dr. Lawrence, KS 66049	Payless ShoeSource, Inc.	09/24/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir.-Mkts Distribution	Aggregate Year-To-Date > \$ 50.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Kevin Schlarb 2201 W 26th, E106 Lawrence, KS 66047	Payless ShoeSource, Inc.	08/11/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Mkts Planning	Aggregate Year-To-Date > \$ 50.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
David Sokolowski 8019 SW Stonybrook Ct Topeka, KS 66614-5113	Payless ShoeSource, Inc.	08/11/98	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Ops Training	Aggregate Year-To-Date > \$ 75.00	

SUBTOTAL of Receipts This Page (optional)

210.00

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 3
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
Charles Guardiola 8647 SW 77th Auburn, KS 66402	Payless ShoeSource, Inc.	09/11/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Director D.C.	
		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
Chris Belfort 4307 Hazy Meadow Lane Grapevine, TX 76051	Payless ShoeSource, Inc.	09/11/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Director Retail Operations	
		Aggregate Year-To-Date > \$ 100.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Jeri L. Williams 6023 SW 23rd Topeka, KS 66614-4211	Payless ShoeSource, Inc.	09/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Director-D.C. Eng. & Logistics	
		Aggregate Year-To-Date > \$ 100.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Lowell Naragon 4541 SE 27th St Topeka, KS 66606-2037	Payless ShoeSource, Inc.	09/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Manager-Ent. Systems	
		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
Myrl Cobb 5740 SW Woodbridge Dr. Topeka, KS 66606-2392	Payless ShoeSource, Inc.	09/11/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Director Yr 2000/Sourcing	
		Aggregate Year-To-Date > \$ 100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Paul Seymour, III 1660 El Dorado Dr. Lawrence, KS 66047	Payless ShoeSource, Inc.	09/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Counsel	
		Aggregate Year-To-Date > \$ 100.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Randall Swain 1709 Inverness Lawrence, KS 66047	Payless ShoeSource, Inc.	09/11/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: VP Store Development	
		Aggregate Year-To-Date > \$ 100.00	

SUBTOTAL of Receipts This Page (optional) 700.00

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)(1)

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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
Larry Stracker 3482 Brandywine Topeka, KS 66614	Payless ShoeSource, Inc. Occupation Sr. Vice President	09/11/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-To-Date > \$	400.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Gerald Kelly 1216 SW 29th St Topeka, KS 66611	Payless ShoeSource, Inc. Occupation Sr. Vice President	09/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-To-Date > \$	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Jed Norden 3309 SW Alameda Dr. Topeka, KS 66614-5106	Payless ShoeSource, Inc. Occupation Sr. VP	09/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-To-Date > \$	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Tom Rinehart 1718 Prestwick Circle Lawrence, KS 66049	Payless ShoeSource, Inc. Occupation Sr. VP	09/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-To-Date > \$	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
	Payless ShoeSource, Inc. Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-To-Date > \$		

SUBTOTAL of Receipts This Page (optional)	1,900.00
TOTAL This Period (last page this line number only)	4,000.00

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)(1)

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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
Charles M. Gireath 4516 Winged Foot Court Lawrence, KS 66049	Payless ShoeSource, Inc.	09/08/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP Factory Mgmt	Aggregate Year-To-Date > \$ 300.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Duane Centrell 5622 Hawick Lane Topeka, KS 66614	Payless ShoeSource, Inc.	08/24/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Sr. Vice President	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
Gary J. Konetzni 2912 Diane Lane Ellicott City, MD 21042-1887	Payless ShoeSource, Inc.	09/08/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP-Retail Ops-Northeast	Aggregate Year-To-Date > \$ 300.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
James Tinkum 2801 SW 35th Ter Topeka, KS 66611-1830	Payless ShoeSource, Inc.	08/11/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP Construction	Aggregate Year-To-Date > \$ 300.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Stephen Gish 1314 Vantuyl Dr. Lawrence, KS 66049	Payless ShoeSource, Inc.	08/24/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP Operations Parade of Shoes	Aggregate Year-To-Date > \$ 900.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Steven Waugh 411 SW Greenwood Ave Topeka, KS 66606-1231	Payless ShoeSource, Inc.	08/11/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP Corporate Sourcing	Aggregate Year-To-Date > \$ 300.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Theodore O. Passig Jr. 4508 Goldfield Ct Lawrence, KS 66049	Payless ShoeSource, Inc.	09/08/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP/SR Buyer-E-12	Aggregate Year-To-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 2,100.00

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 3 OF 8
FOR LINE NUMBER 11(b)(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
Richard Tyler 5415 SW Lincolnshire Cir. Topeka, KS 66610	Payless ShoeSource, Inc.	08/11/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Occupation Sr. Analyst Utilities	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
Thomas O. Tanner III 2008 Riviera Court Lawrence, KS 66047	Payless ShoeSource, Inc.	08/08/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Occupation Dir-Stores HR MW	Aggregate Year-To-Date > \$ 100.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Tracy Ahearn 245 Tanner's Ct Alpharetta, GA 30201	Payless ShoeSource, Inc.	08/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Occupation Director-Retail Ops.	Aggregate Year-To-Date > \$ 100.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Vern Zachgo 3 Forest View Mission Viejo, CA 92692	Payless ShoeSource, Inc.	08/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Occupation Director Retail Ops.	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)			1,310.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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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		07/01/98- 09/30/98	181.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Savings Acct	Occupation	Aggregate Year-to-Date > \$ 534.19	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	181.93
TOTAL This Period (last page this line number only)	181.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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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 accounts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	07/01/98- 09/30/98	176.84
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) 176.84

TOTAL This Period (last page this line number only) 176.84

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 10/15/98
<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	
AA PREPARER	10/19/98 DATE PREPARED