

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 22 9 34 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME: C00163626 052976 n 224  
MS PHYLLIS O'CONNELL  
CONFERENCE OF NATIONAL PARK CO  
MISSIONERS POLITICAL ACTION C  
ADD: PO DRAWER 749  
WAYNESVILLE NC 28786  
CITY:

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

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4-1-96 through 6-30-96		
6. (a) Cash on Hand January 1, 1996		\$ 1,608.06
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,442.49	
(c) Total Receipts (from Line 19)	\$ 0	\$ 12,850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,442.49	\$ 14,458.06
7. Total Disbursements (from Line 30)	\$ 1,500.00	\$ 7515.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,942.49	\$ 6942.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 699 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

PHYLLIS O'CONNELL

Signature of Treasurer

*Phyllis O'Connell*

Date

7-7-96

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, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>CONFERENCE of NATL PARK CONCESSIONERS</b>		REPORT COVERING PERIOD FROM <b>4-1-96</b> TO: <b>6-30-96</b>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
<b>11. Contributions (other than loans) From:</b>			
<b>a. Individual/Persons Other Than Political Committees</b>			
i. Itemized (use Schedule A) .....	0	12,850.00	11(a)(i)
ii. Unitemized .....	0		11(a)(ii)
iii. Total .....	0	12,850.00	11(a)(iii)
(add i and ii) >			
<b>b. Political Party Committees .....</b>			
<b>c. Other Political Committees (such as PACs) .....</b>			
<b>d. Total Contributions .....</b>			
(add a iii, b and c) >			
<b>12. Transfers From Affiliated/Other Party Committees .....</b>			
<b>13. All Loans Received .....</b>			
<b>14. Loan Repayments Received .....</b>			
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....</b>			
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....</b>			
<b>17. Other Federal Receipts (Dividends, Interest, etc.) .....</b>			
<b>18. Transfers from Nonfederal Account for Joint Activity .....</b>			
<b>19. Total Receipts .....</b>			
(add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
<b>20. Total Federal Receipts .....</b>			
(subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
<b>21. Operating Expenditures:</b>			
<b>a. Shared Federal/Non-Federal Activity (from Schedule H4)</b>			
i. Federal Share .....	0	0	21(a)(i)
ii. Non-Federal Share .....	0	0	21(a)(ii)
<b>b. Other Federal Operating Expenditures .....</b>			
<b>c. Total Operating Expenditures .....</b>			
(add a i, a ii; and b) >			
<b>22. Transfers to Affiliated/Other Party Committees .....</b>			
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees .....</b>			
<b>24. Independent Expenditures (use Schedule E) .....</b>			
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..</b>			
<b>26. Loan Repayments Made .....</b>			
<b>27. Loans Made .....</b>			
<b>28. Refunds of Contributions To:</b>			
<b>a. Individuals/Persons Other Than Political Committees .....</b>			
<b>b. Political Party Committees .....</b>			
<b>c. Other Political Committees (such as PACs) .....</b>			
<b>d. Total Contribution Refunds .....</b>			
(add a, b and c) >			
<b>29. Other Disbursements .....</b>			
<b>30. Total Disbursements .....</b>			
(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
<b>31. Total Federal Disbursements .....</b>			
(subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
<b>32. Total Contributions (other than loans)(from line 11d) .....</b>			
<b>33. Total Contribution Refunds (from line 28d) .....</b>			
<b>34. Net Contributions (other than loans)(subtract line 33 from 32) .....</b>			
<b>35. Total Federal Operating Expenditures .....</b>			
(add 21 a i and 21 b) >			
<b>36. Offsets to Operating Expenditures (from line 15) .....</b>			
<b>37. Net Operating Expenditures .....</b>			
(subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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)

**CONFERENCE OF NATL. PARK COMMISSIONERS PAC**

A. 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 > \$ _____	
B. Full Name, Mailing Address and ZIP Code _____ _____ _____		Name of Employer _____ _____ _____	Date (month, day, year) _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Occupation _____	Aggregate Year-to-Date > \$ _____	Amount of Each Receipt this Period _____
C. Full Name, Mailing Address and ZIP Code _____ _____ _____		Name of Employer _____ _____ _____	Date (month, day, year) _____	
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) _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Occupation _____	Aggregate Year-to-Date > \$ _____	Amount of Each Receipt this Period _____
F. Full Name, Mailing Address and ZIP Code _____ _____ _____		Name of Employer _____ _____ _____	Date (month, day, year) _____	
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 > \$ _____	

NONE

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
**CONFERENCE OF NATL. PK CONCESSIONERS PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HELEN CHENOWETH 4451 BROOKSIDE CORP. DR CHANTILLY, VA 22021	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/96	500.00
B. Full Name, Mailing Address and ZIP Code CUBIN FOR CONGRESS 3001 PARK CENTER DR ALEXANDRIA, VA 22302	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	500.00
C. Full Name, Mailing Address and ZIP Code ALASKANS FOR DON YOUNG 2300 CLARENDON ARLINGTON, VA 22201	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	500.00
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)	1500.00
TOTAL This Period (last page this line number only)	1500.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

7-13-96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*gls*

PREPARER

7-22-96

DATE PREPARED