

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Amended Report

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000163626 091696
MS PHYLLIS D'CONNELL
CONFERENCE OF NATIONAL PARK CO
NCESSIONERS POLITICAL ACTION C
PO DRAWER 749
WAYNESVILLE NC 28786

000163626 4 49 PH '97
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		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	10/1/96 through 11/7/96		
6. (a) Cash on Hand January 1, 1996			\$1,605.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 3935.89	
(c) Total Receipts (from Line 19)		\$ 12,300.00	\$ 25,150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 16,235.89	\$ 26,758.06
7. Total Disbursements (from Line 30)		\$ 504.22	\$ 11,026.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 15,731.67	\$ 15,731.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule G 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		Mary L. Jones	
Signature of Treasurer		Date	
<i>Mary L. Jones</i>		10/28/97	

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 1/1/81)

OF COMMITTEE W.F. OF NATL. PK. CONCESSIONERS PAC		REPORT COVERING PERIOD FROM 10-1-96 TO 11-7-96		
		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)	12,300.00	25,150.00	11(a)(i)
ii.	Unitemized	0		11(a)(ii)
iii.	Total (add i and ii) >	12,300.00	25,150.00	11(a)(iii)
b.	Political Party Committees	0		11(b)
c.	Other Political Committees (such as PACs)	0		11(c)
d.	Total Contributions (add a iii, b and c) >	12,300.00	25,150.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,300.00	25,150.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	12,300.00	25,150.00	20
II. Disbursements				
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			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	11,000.00	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.	Individuals/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 (add a, b and c) >			28(d)
29.	Other Disbursements	4.22	26.33	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	504.22	11,026.33	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	504.22	11,026.33	31
(A) Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	12,300.00	25,150.00	32
33.	Total Contribution Refunds (from line 28d)	0		33
34.	Net Contributions (other than loans)(subtract line 33 from line 32)	12,300.00	25,150.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12 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)
CONF OF NATL PK CONCESSIONERS PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD BUCK 85-995 SLOW DOWN LANE VENETA, OR 97467	RETIRED	10/11/96	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
STEPHEN TEDDER 14001 E KLIPP AV AURORA, CO 80014	TW SERVICES	10/11/96	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARY JONES P.O. BOX 548 CHINLE, AZ 86503	WHITE DOVE, INC	10/11/96	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 15,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARNER HANSON 5238 MAMMOTH CAVE RD PARK CITY, KY	NPC, INC	10/11/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID SACKENBACK 26000 REDBLUFF RD CALABASAS, CA 91302	FOREVER RESORTS	10/11/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK L. WURZEL 126 BROOKVILLE RD BROOKVILLE NY 11545	CALICO COTTAGE CANDIES	10/14/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID DHAVESSIAN 21484 RUNNING BR RD DIAMOND BAR, CA 91765	SEVEN CROWN RESORTS	10/14/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 8800.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
 CONF. OF NATL. PK CONCESSIONERS PAC

A. Full Name, Mailing Address and ZIP Code REX G. MAUGHAN P.O. BOX 60773 PHOENIX AZ 85082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FOREVER RESORTS Occupation: PRES Aggregate Year-to-Date > \$2000.00	Date (month, day, year) 10/15/96	Amount of Each Receipt This Period 1,000
B. Full Name, Mailing Address and ZIP Code JOHN TURNER P.O. BOX 49 ALAMAGORDO, NM 86310 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WHITE SANDS CONCESSIONS, INC Occupation: PRES Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/24/96	Amount of Each Receipt This Period 1,000
C. Full Name, Mailing Address and ZIP Code TERRY POVAH P.O. BOX 250 W. YELLOWSTONE MT 59758 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HAMILTON STORES Occupation: PRES Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/24/96	Amount of Each Receipt This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code GEORGE CAMPSEN P.O. BOX 59 CHARLESTON, SC 29402 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: Attorney Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/31/96	Amount of Each Receipt This Period 500.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) 3,500.00

TOTAL This Period (last page this line number only) 12,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 CONF. 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
FRIENDS OF SAM FARR 216 BRUCE O'KEEFE LANE 635 B PENNSYLVANIA SE WASHINGTON DC 20003	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	500.00
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) 500.00

TOTAL This Period (last page this line number only)

Conference of National Park Concessioners
Political Action Compact
P.O.Box 548
Chinle, Arizona 86503

October 11, 1997

To Whom It May Concern:

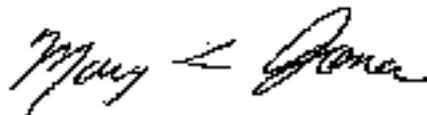
In reference to the \$5,000.00 contribution to CONPAC dated
October 11, 1996, I wish to clarify that this contribution
was actually made on behalf of Richard L. Shaffer. Mr. Shaffer
reimbursed Mary L. Jones a few days later.

I apologize for any inconvenience and misunderstanding this
may have caused.

Sincerely,



Richard L. Shaffer
11600 Academy N.E.
Apt. 1413
Albuquerque, New Mexico 87111



Mary L. Jones
c/o Thunderbird Lodge
Rout 7
Chinle, Arizona 86503

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 checked="" type="checkbox"/> : First Class Mail	POSTMARKED 10-28-97
<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	
<i>fw</i> PREPARER	11-3-97 DATE PREPARED