

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

NOV 20 9 14 AM '97

1. NAME OF COMMITTEE (in full) National Soft Drink Association Political Action Committee (aka Soft Drink PAC)		2. FEC IDENTIFICATION NUMBER C00100107
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1101 Sixteenth Street, N.W.		
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input checked="" type="checkbox"/> This committee has qualified as a noncandidate 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 <u>10/01/97</u> through <u>10/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 3,912.10
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 18,912.29	
(c) Total Receipts (from line 19).....	\$ 1,250.00	\$ 71,069.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 20,162.29	\$ 74,981.45
7. Total Disbursements (from Line 30).....	\$ 15,000.00	\$ 69,819.16
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 5,162.29	\$ 5,162.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 B 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 C and/or Schedule D).....	\$ 0.00	

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

Mark N. Hammond

Signature of Treasurer



Date

11/13/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §137g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/97)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
National Soft Drink Association Political Action Committee (aka Soft Drink PAC)	FROM: 10/01/97	TO: 10/31/97
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).....	1,250.00	60,072.64
ii. Unitemized.....	0.00	996.71
iii. Total..... (add i and ii) >	1,250.00	61,069.35
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	10,000.00
d. Total Contributions..... (add aiii, b and c) >	1,250.00	71,069.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,250.00	71,069.35
20. Total Federal Receipts..... (subtract line 18 from line 19) >	1,250.00	71,069.35
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	28.00
c. Total Operating Expenditures..... (Add ai, aii, and b) >	0.00	28.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15,000.00	69,791.16
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,000.00	69,819.16
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	15,000.00	69,819.16
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	1,250.00	71,069.35
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	1,250.00	71,069.35
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	0.00	28.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	0.00	28.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
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)
 National Soft Drink Association Political Action Committee (aka Soft Drink PAC)

A. Full Name, Mailing Address and Zip Code R.L./Jr. Dumagan P.O. Box 910 Fort Stockton, TX 79735	Name of Employer Big Bend Coca-Cola Btlg. Co. Occupation Chairman & CEO	Date (Month day, Year) 10/14/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code P. Michael Dumagan Route 1, Box 48 Ft. Stockton, TX 79735	Name of Employer Big Bend Coca-Cola Bottling Co. Occupation	Date (Month day, Year) 10/14/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Carol McCain 10 Muirs Court Alexandria, VA 22314	Name of Employer National Soft Drink Association Occupation Meeting Planner	Date (Month day, Year) 10/14/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,250.00
TOTAL this Period (Last page this line number only).....>	1,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
National Soft Drink Association Political Action Committee (aka Soft Drink PAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bachus for Congress Committee P.O. Box 6579 Arlington, VA 22206	Spencer Bachus, U.S. HOUSE 6th AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/08/97	500.00
Bennett '98 Committee P.O. Box 8841 Falls Church, VA 22041	Bob Bennett, US SENATE UT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/31/97	1,000.00
Baron Hill Committee 503 Capitol Court, NE Suite 100 Washington, DC 20002	Baron Hill, 9th IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/24/97	500.00
Dave Camp for Congress P.O. Box 423 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/30/97	500.00
Chambliss for Congress Committee P.O. Box 4084 Macon, GA 31204-9992	Saxby Chambliss, HOUSE 8th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
Deal for Congress 8907 Karver Lane Amandale, VA 22003	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
John D. Dingell for Congress c/o 555 New Jersey Ave., NW Suite 201 Washington, DC 20001	John D. Dingell, U.S. HOUSE 16th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00
Engel for Congress 115 D Street, S.E. Suite 102 Washington, DC 20003	Eliot L. Engel, U.S. HOUSE 17th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
Bill Frist for Senate 4205 Hillshoro Road Suite 306 Nashville, TN 37215-3336	Bill Frist, U.S. SENATE TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **6,000.00**

TOTAL this Period (Last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
 National Soft Drink Association Political Action Committee (aka Soft Drink PAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Martin Frost Campaign Committee c/o 555 New Jersey Ave., NW Suite 201 Washington, DC 20001	Martin Frost, U.S. HOUSE 24th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/24/97	500.00
Citizens for Gilman P.O. Box 3001 Middletown, NY 10940	Benjamin A. Gilman, U.S. HOUSE 20th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/30/97	1,000.00
Grassley Committee, Inc. 4010 Franconia Road Alexandria, VA 22310	Charles E. Grassley, U.S. SENATE IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00
Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	Judd Gregg, U.S. SENATE NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00
Ron Klink for Congress 555 New Jersey Avenue, N.W. Suite 201 Washington, DC 20001	Ron Klink, U.S. HOUSE 4th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
Menendez for Congress Inc. P.O. Box 848 Union City, NJ 07087	Bob Menendez, 13th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/22/97	500.00
Friends of Senator Nickles P.O. Box 21033 Alexandria, VA 22320-2033	Don Nickles, U.S. SENATE OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/06/97	1,000.00
Anne Northup for Congress P.O. Box 7313 Louisville, KY 40257	Anne Northup, U.S. HOUSE 3rd KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/08/97	500.00
Porter for congress P.O. Box 7126 Deerfield, IL 60015	John Porter, U.S. HOUSE 10th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00

SUB TOTAL of Disbursements this page (Optional)..... > **6,500.00**

TOTAL this Period (Last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
3	3
FOR LINE NUMBER	
23	

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Jim Ramstad Volunteer Committee 8100 Penn Avenue, South Suite 104 Bloomington, MN 55431-1325	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/30/97	500.00
B. Full Name, Mailing Address and Zip Code Shelby for Senate 425 Second Street, NE Washington, DC 20002	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/24/97	1,000.00
C. Full Name, Mailing Address and Zip Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Cliff Stearns, U.S. HOUSE 6th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/07/97	500.00
D. Full Name, Mailing Address and Zip Code Talent for U.S. Congress 1031 Executive Parkway St. Louis, MO 63141	James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... >	2,500.00
TOTAL this Period (Last page this line number only)..... >	15,000.00

