## 2015-10-28-05-00031121

FEC FORM 1

## STATEMENT OF ORGANIZATION

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| FORM 1   | ORGANIZATION  |  |  | Office Use Only                 |  |  |
|--|---|--|--|---------------------------------|--|--|
| NAME OF COMMITTEE (in full)                        | (Check if name is changed)  | Example:If typing, type over the lines.                                      | 12FE4M5  |                                 |  |  |
| Polaris Politic                                    | al Action Committe  | ee   |  |                                 |  |  |
| ADDRESS (number and stre                           | 2100 Highway  | 55   | <del>                                     </del> |                                 |  |  |
| (Check if address is changed)                      |   |  | MN <sub>j</sub> 5                                | 5340                            |  |  |
|  | C   | CITY   | STATE  | ZIP CODE                        |  |  |
| COMMITTEE'S E-MAIL AD  (Check if addre is changed) | DDRESS (Please provide only one e-i<br>john.springer@p            |  |  |                                 |  |  |
| COMMITTEE'S WEB PAGE                               | E ADDRESS (URL)   |  |  |                                 |  |  |
| (Check if addre is changed)                        | ss  |  |  |                                 |  |  |
| 2. DATE 10 /                                       | 15 2015   |  |  |                                 |  |  |
| 3. FEC IDENTIFICATIO                               | ON NUMBER COO   | 279497   |  |                                 |  |  |
| 4. IS THIS STATEMENT                               | NEW (N) OR  | AMENDED (A)  |  |                                 |  |  |
| I certify that I have exami                        | ned this Statement and to the best                                | of my knowledge and belief   | it is true, correct ar                           | nd complete.                    |  |  |
| Type or Print Name of Tre                          | asurer Mike Speetze   |  |  |                                 |  |  |
| Signature of Treasurer                             | Mu  | <del></del>  | Date 10 <sup>M</sup>                             | 15 2015                         |  |  |
| NOTE: Submission of false,                         | erroneous, or incomplete information of ANY CHANGE IN INFORMATION |  |  | e penalties of 2 U.S.C. §437g.  |  |  |
| Office<br>Use                                      |   | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530 |  | FEC FORM 1<br>(Revised 02/2009) |  |  |

| F  | FEC Fo               | rm 1 (Revised 02/2009)   | Page 2                                |  |  |
|--|----------------------|--|---------------------------------------|--|--|
| TYPE OF COMMITTEE                            |                      |  |                                       |  |  |
|  | didate               | e Committee:   |                                       |  |  |
| (a)  | u                    | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                       |  |  |
| (b)  | Ц                    | This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)   | ete the candidate                     |  |  |
|  | Name of Candidate    |  |                                       |  |  |
| Cand<br>Party                                | lidate<br>Affiliatio | Office<br>Sought: House Senate President   | State                                 |  |  |
| (c)  |                      | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                       |  |  |
| Name<br>Cand                                 |                      |  |                                       |  |  |
| Part   | y Con                | nmittee:   |                                       |  |  |
| (d)  |                      |  | emocratic,<br>epublican, etc.) Party. |  |  |
| Poli   | tical A              | Action Committee (PAC):  |                                       |  |  |
| (e)  | $\boxtimes$          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | ected organization is a:              |  |  |
|  |                      | Corporation Corporation w/o Capital Stock  | Labor Organization                    |  |  |
|  |                      | Membership Organization Trade Association  | Cooperative                           |  |  |
|  |                      | In addition, this committee is a Lobbyist/Registrant PAC.  | •                                     |  |  |
| (f)  |                      | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |                                       |  |  |
|  |                      | In addition, this committee is a Lobbyist/Registrant PAC.  |                                       |  |  |
|  |                      | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                       |  |  |
| Join   | t Fund               | draising Representative:   |                                       |  |  |
| (g)  |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                     |  |  |
| (h)  |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                     |  |  |
| Committees Participating in Joint Fundraiser |                      |  |                                       |  |  |
|  | 1.                   | FEC ID number  |                                       |  |  |
|  | 2.                   | FEC ID number  |                                       |  |  |
|  | 3.                   | FEC ID number  |                                       |  |  |
|  | 4.                   | FEC ID number  |                                       |  |  |

| Write or Type Committee Name   | ne  |               |  |  |  |  |
|--|---|---------------|--|--|--|--|
| Polaris Political  | Action Committee  |               |  |  |  |  |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |   |               |  |  |  |  |
| Polaris Industrie  | eş  nc <sub> </sub>   |               |  |  |  |  |
|  |   |               |  |  |  |  |
| Mailing Address  | 2100 Highway 55   |               |  |  |  |  |
| ty.  |   |               |  |  |  |  |
|  | Medina                   MNJ [55340] - [  |               |  |  |  |  |
|  | CITY STATE ZIP COD  | E             |  |  |  |  |
| Relationship: Connected  | ed Organization Affiliated Committee Joint Fundraising Representative Leadership P                              | AC Sponsor    |  |  |  |  |
|  |   |               |  |  |  |  |
| <ol> <li>Custodian of Records: Ider<br/>books and records.</li> </ol>  | entify by name, address (phone number optional) and position of the person in possession o                      | f committee   |  |  |  |  |
| Full Name John S   | Springer  |               |  |  |  |  |
| Mailing Address  | [2100,Highway 55  |               |  |  |  |  |
|  |   |               |  |  |  |  |
|  | Medina 55340 -  |               |  |  |  |  |
| Title or Position  | CITY STATE ZIP CODE   | E             |  |  |  |  |
| Sr. Director of Ta   | Telephone number [763] - [478] - [  | 5731          |  |  |  |  |
| Treasurer: List the name and any designated agent (e.g., a   | nd address (phone number optional) of the treasurer of the committee; and the name and ac assistant treasurer). | ddress of     |  |  |  |  |
| Full Name of Treasurer   | Speetzen, , , , , , , , , , , , , , , , , , ,   |               |  |  |  |  |
| Mailing Address  | 2100,Highway 55   |               |  |  |  |  |
|  |   |               |  |  |  |  |
|  | Medina MN 55340 - E   | <u>_</u><br>= |  |  |  |  |
| Title or Position  Executive Vice Presi  | ident, Finance Telephone number [763] - [542] - [   | 0555          |  |  |  |  |

9.

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|---|---------------------------|--------------------------|-------------------|--|--|
|   |                           |                          |                   |  |  |
| Full Name of Designated Agent   | Springer                  |                          |                   |  |  |
| Mailing Address   | [2,100,Highway,55]        | 1111                     |                   |  |  |
|   | Medina city               | MN <sub>j</sub><br>STATE | 155340            |  |  |
| Title or Position Sr. Director of Tax   | Telephone n               | umber [763               | -   478   -  5731 |  |  |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc. |                           |                          |                   |  |  |
| <sub>l</sub> U,S. E   | Sank National Association |                          |                   |  |  |
| Mailing Address   | W. S. , BANGORP, CENTE    | 2                        |                   |  |  |
|   | 1800 NICOLLET MAILLY      | BG-Ni                    | VI-1412101G1      |  |  |
|   | Minneapolis,              | <u>[MN]</u>              | 55402             |  |  |
|   | CITY                      | STATE                    | ZIP CODE          |  |  |
| Name of Bank, Depository,   | etc.                      | •                        |                   |  |  |
| للللا   |                           |                          |                   |  |  |
| Mailing Address   |                           |                          |                   |  |  |
|   |                           |                          |                   |  |  |
|   |                           | لـــا                    |                   |  |  |
|   | CITY                      | STATE                    | ZIP CODE          |  |  |

FIRST-CLASS MAIL

neohost

10/22/2015 **USB2031/XG3** \$001.20<sup>9</sup>

ZIP 55340 041L12203053

2100 Highway 55 Medina, Minnesota 55340-9770

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DATE PREPARED