

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -8 P 12:04

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>Polaris Industries Inc. Political Participation Program</u>		2. FEC IDENTIFICATION NUMBER <u>C00279497</u>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <u>2100 Highway 55</u>		
CITY, STATE AND ZIP CODE <u>Medina, MN 55340</u>		3. <input checked="" type="checkbox"/> 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

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>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ <u>31,438.06</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>29,784.20</u>	
(c) Total Receipts (from Line 19)	\$ <u>5,054.58</u>	\$ <u>9,400.72</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>34,838.78</u>	\$ <u>40,838.78</u>
7. Total Disbursements (from Line 30)	\$ <u>7,000.00</u>	\$ <u>13,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>27,838.78</u>	\$ <u>27,838.78</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact Federal Election Commission 950 E Street, NW Washington, DC 20483 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)	\$ —	

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 Zins

Signature of Treasurer

Mary Zins

Date

1/31/00

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

FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Polaris Industries Inc. Political Participation Program		FROM 7/1/99	TO: 12/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	3,502.00	5,378.00	11(a)(i)
ii.	Unitemized	1,552.58	4,032.72	11(a)(ii)
II.	Total (add i and ii) >	5,054.58	9,410.72	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	5,054.58	9,410.72	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,054.58	9,410.72	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	5,054.58	9,410.72	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	7,000.00	13,000.00	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			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,000.00	13,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,000.00	13,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	5,054.58	9,410.72	32
33.	Total Contribution Refunds (from line 28d)	-	-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	5,054.58	9,410.72	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a(1)

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) **Polaris Industries Inc. Political Participation Program**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Hall Wendel Jr. 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		840.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 1,560.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Baxter 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		280.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Engineering Aggregate Year-to-Date > \$ 520.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeff Bjorkman 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		280.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Manufacturing Aggregate Year-to-Date > \$ 520.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Nesbitt 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Manager 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
Thomas Ruschhaupt 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Sales 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
Ed Skomorch 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		268.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Marketing Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Malone 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.		140.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Finance Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional)

1,808.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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)		Polaris Industries Inc. Political Participation Program	
A. Full Name, Mailing Address and ZIP Code Richard Strenge 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 210.00
	Occupation Plant Manager Aggregate Year-to-Date > \$ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code James Biernat 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 140.00
	Occupation Manager Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Tim Dejong 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 210.00
	Occupation Plant Manager Aggregate Year-to-Date > \$ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Gary Olson 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 210.00
	Occupation Manager Aggregate Year-to-Date > \$ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Albert Penas 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 140.00
	Occupation Manager Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code David Thompson 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 224.00
	Occupation Manager Aggregate Year-to-Date > \$ 416.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Mike Trihey 2100 Highway 55 Medina, MN 55340	Name of Employer Polaris Ind. Inc.		Date (month, day, year) Amount of Each Receipt this Period 140.00
	Occupation Manager Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			1,274.00
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 3
FOR LINE NUMBER 11901

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) *Polaris Industries Inc. Political Participation Program*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Claude Picard 2100 Highway 55 Medina, MN 55340</i>	<i>Polaris Ind. Inc.</i>		<i>280.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>General Manager</i>	Aggregate Year-to-Date: \$ <i>520.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Mark Dodge 2100 Highway 55 Medina, MN 55340</i>	<i>Polaris Ind. Inc.</i>		<i>140.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Manager</i>	Aggregate Year-to-Date: \$ <i>260.00</i>	
C. 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: \$	
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)	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: \$	
F. 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: \$	
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: \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,507.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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) *Polaris Industries Inc. Political Participation Program*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Cash Disbursement This Period
<i>Gov. Bush Pres. Exploratory Committee PO Box 1902 Austin, TX 78767-9957</i>	<i>exploratory Committee</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/21/99</i>	<i>1,000.00</i>
<i>Bush for President PO Box 1263 South Gate, MI 48195</i>	<i>George Bush Presidential Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>YTD contrib \$4,000</i>	<i>10/7/99</i>	<i>4,000.00</i>
<i>Grams for Senate 507 Capitol Ct. NE #100 Washington, D.C. 20002</i>	<i>Rod Grams Senatorial Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>YTD contrib \$1,000</i>	<i>11/4/99</i>	<i>1,000.00</i>
<i>Luther for Congress 1399 Geneva Ave. N. #203 Dorville, MN 55128</i>	<i>Bill Luther Senatorial Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/23/99</i>	<i>1,000.00</i>
<i>E. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>F. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2-1-00
<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>See</i> PREPARER	3-8-00 DATE PREPARED