

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC 10 A 11:38

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Polaris Industries Inc. Political Participation Program		2. FEC IDENTIFICATION NUMBER C 00279477
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2100 Highway 55		
CITY, STATE and ZIP CODE Medina, MN 55340		
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 11/7/00 in the State of Minnesota

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10/1/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>			\$ 27,838.78
(b) Cash on Hand at Beginning of Reporting Period		\$ 37,139.67	
(c) Total Receipts (from Line 19)		\$ 4,980.15	\$ 25,281.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 42,119.82	\$ 53,119.82
7. Total Disbursements (from Line 30)		\$ 11,000.00	\$ 22,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 31,119.82	\$ 31,119.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
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
Mike Malone

Signature of Treasurer
MICHAEL MALONE

Date
12/7/00

For further information contact:
Federal Election Commission
660 E Street, NW
Washington, DC 20469
Toll Free 800-424-9530
Local 202-694-1100

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 8/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2 - FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE

*Polaris Industries Inc.
Political Participation Program*

REPORT COVERING PERIOD

FROM *10/1/00* TO *11/27/00*

	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)	<i>2,190.00</i>	<i>11,936.00</i>	11(a)(i)
ii. Unitemized	<i>2,790.15</i>	<i>13,345.04</i>	11(a)(ii)
iii. Total (add i and ii) >	<i>4,980.15</i>	<i>25,281.04</i>	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) >	<i>4,980.15</i>	<i>25,281.04</i>	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) >	<i>4,980.15</i>	<i>25,281.04</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>4,980.15</i>	<i>25,281.04</i>	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	<i>11,000.00</i>	<i>22,000.00</i>	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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) >	<i>11,000.00</i>	<i>22,000.00</i>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>11,000.00</i>	<i>22,000.00</i>	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	<i>4,980.15</i>	<i>25,281.04</i>	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>4,980.15</i>	<i>25,281.04</i>	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) >	—	—	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 5
FOR LINE NUMBER 77(a)

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.	Payroll Deduction	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman	Aggregate Year-to-Date > \$ 1,440.00	(60.00 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claude Picard 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 480.00	(20.00 bi-weekly)
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.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 480.00	(20.00 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Bartel 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 480.00	(20.00 bi-weekly)
E. 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.	Payroll Deduction	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 290.00	(15.00 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Stenge 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 360.00	(15.00 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim DeJong 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 360.00	(15.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional) 825.00

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 2 OF 5
FOR LINE NUMBER 119(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)

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
Gary Olson 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 3	Payroll Deduction 390.00	90.00 (18.00 bi-weekly)
Albert Peras 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 3	Payroll Deduction 290.00	75.00 (15.00 bi-weekly)
David Thompson 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 3	Payroll Deduction 386.00	90.00 (18.00 bi-weekly)
Michael Trihey 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 3	Payroll Deduction 340.00	100.00 (20.00 bi-weekly)
Norm Berg 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 6	Payroll Deduction 205.00	50.00 (10.00 bi-weekly)
James Berraf 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 3	Payroll Deduction 240.00	50.00 (10.00 bi-weekly)
Charles Crone 2100 Highway 55 Medina, MN 55340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Ind. Inc. Occupation: Manager Aggregate Year-to-Date > 6	Payroll Deduction 600.00	100.00 (20.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional)

555.00

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 5
FOR LINE NUMBER 11(a)

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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
William Fisher 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	(25.00 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Mitchell Johnson 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 200.00	(20.00 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Mark Kart 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 212.00	(17.00 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Richard Robes 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 200.00	(20.00 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Robert Kulig 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 200.00	(20.00 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Bennett Morgan 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 228.00	(20.00 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Ed Skomronch 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 212.00	(20.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional)

710.00

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 4 OF 5
FOR LINE NUMBER 119(1)

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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
Mary Zins 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	Payroll Deduction	100.00 (20.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Jonikas 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Carless 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larae Krahn 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark McCormick 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Ness 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Nygaard 2100 Highway 55 Medina, MN 55340	Polaris Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Gen. Mgr.	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

100.00

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 5 OF 15
FOR LINE NUMBER 119(1)

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NAME OF COMMITTEE (In Full)

Polan's 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
Jim O'Neill 2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kansoncy 2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Pollick 2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Tiller 2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.	7/00	- 0 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 3,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.		
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
2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.		
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
2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.		
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)

2,190.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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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 Each Disbursement This Period
Collin Peterson for Congress P.O. Box 265 Detroit Lakes, MN 56502	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	1,000.00
Ramstad Volunteer Comm. 8100 Penn Ave. S. Bloomington, MN 55431	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	1,000.00
Rod Grams for Senate 2013 2nd Ave. N. Anoka, MN 55303	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	5,000.00
Bill Luther for Congress 1399 Geneva Ave. N. Oakdale, MN 55128	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	1,000.00
Tom Batham for Congress P.O. Box 174 Sioux City, IA 51102	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	1,000.00
Kadanevich for Congress 4451 Brookfield Corp. Dr. Chantilly, Virginia 20151	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	1,000.00
Tom Daschle P.O. Box 1656 Sioux Falls, SD 57015	Congressional Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	1,000.00
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)


TOTAL This Period (last page this line number only)

11,000.00

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 (R/C) 12-7-00
<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	
	12-10-00
PREPARER	DATE PREPARED