

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2000 OCT 20 P 12:51

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>Polart's Industries Inc. Political Participation Program</u> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>2100 Highway 55</u> CITY, STATE and ZIP CODE <u>Medina, MN 55340</u>	2. FEC IDENTIFICATION NUMBER <u>C 00279497</u> 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 16 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>7/1/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 27,838.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,366.68	
(c) Total Receipts (from Line 19)	\$ 15,772.99	\$ 20,300.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,139.67	\$ 48,139.67
7. Total Disbursements (from Line 30)	\$ 4,000.00	\$ 11,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,139.67	\$ 37,139.67
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)	\$ —	

For further information contact:  
Federal Election Commission  
969 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

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 <u>Mary Zins</u>	Date <u>10/17/00</u>
Signature of Treasurer <u>Mary Zins</u>	

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 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<i>Polaris Industries Inc. Political Participation Program</i>	FROM <i>7/1/00</i>	TO: <i>9/30/00</i>	
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)	<i>8,660.00</i>	<i>9,746.00</i>	11(a)(i)
ii. Unitemized	<i>1,100.99</i>	<i>10,554.89</i>	11(a)(ii)
iii. Total (add i and ii) >	<i>15,772.99</i>	<i>20,300.89</i>	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributors (add a iii, b and c) >	<i>15,772.99</i>	<i>20,300.89</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>15,772.99</i>	<i>20,300.89</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>15,772.99</i>	<i>20,300.89</i>	20
<b>II. Disbursements</b>			
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>4,000.00</i>	<i>11,000.00</i>	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. Individual/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>4,000.00</i>	<i>11,000.00</i>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>4,000.00</i>	<i>11,000.00</i>	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	<i>15,772.99</i>	<i>20,300.89</i>	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>15,772.99</i>	<i>20,300.89</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 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 Industries	Payroll Deduction	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman	Aggregate Year-to-Date > \$ 40.00	(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
Jeff Bjorkman 2100 Highway 55 Medina, MN 55340	Polaris Industries	Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 380.00	(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
Charles Baxter 2100 Highway 55 Medina, MN 55340	Polaris Industries	Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 380.00	(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
Claude Picard 2100 Highway 55 Medina, MN 55340	Polaris Industries	Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 380.00	(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 Industries	Payroll Deduction	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO	Aggregate Year-to-Date > \$ 215.00	(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 Strenge 2100 Highway 55 Medina, MN 55340	Polaris Industries	Payroll Deduction	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 285.00	(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 Industries	Payroll Deduction	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 285.00	(15.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional) .....

990.00

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 3  
FOR LINE NUMBER 11000

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 contributors from such committee.

NAME OF COMMITTEE (In Full)

*Polaris Industries Inc. Political Participation Program*

A. 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) Payroll Deduction	Amount of Each Receipt this Period (18.00 bi-weekly)
Gary Olson 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 300.00	Payroll Deduction 300.00	108.00 (18.00 bi-weekly)
Albert Peras 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 215.00	Payroll Deduction 215.00	90.00 (45.00 bi-weekly)
David Thompson 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 296.00	Payroll Deduction 296.00	108.00 (18.00 bi-weekly)
Michael Triney 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 240.00	Payroll Deduction 240.00	120.00 (60.00 bi-weekly)
John Corness 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries VP 1,000.00	7/00 1,000.00	1,000.00
Michael Jonikas 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 500.00	7/00 500.00	500.00
Larae Krahn 2100 Highway 55 Medina, MN 55340 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Polaris Industries Manager 250.00	7/00 250.00	250.00

SUBTOTAL of Receipts This Page (optional) ..... 2,176.00

TOTAL This Period (last page (this line number only)) ..... 2,176.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 119(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)

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
Mark McCormick 2100 Highway 55 Medina, MN 55340	Polan's Ind. Inc.	7/00	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Controller	Aggregate Year-to-Date > \$ 600.00	
B. 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	Polan's Ind. Inc.	7/00	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 350.00	
C. 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	Polan's Industries	7/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Mgr.	Aggregate Year-to-Date > \$ 250.00	
D. 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 Industries	7/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 400.00	
E. 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 Industries	7/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	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
Charles Ramsey 2100 Highway 55 Medina, MN 55340	Polan's Industries	7/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Litter 2100 Highway 55 Medina, MN 55340	Polan's Industries	7/00	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 3,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8,666.00

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) *Polans 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
<i>Friends of Jim Oberstar PO Box 9884 Washington, D.C. 20013</i>	<i>House of Rep. Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/19/00</i>	<i>1,000.00</i>
<i>Alan Molloy for Congress P.O. Box 1343 Fairmont, WV 26555-1343</i>	<i>House of Rep. Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/19/00</i>	<i>1,000.00</i>
<i>Manzullo for Congress 409 Cannon HOB Washington, DC 20515</i>	<i>Senatorial Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/5/00</i>	<i>1,000.00</i>
<i>Thuge for Congress P.O. Box 516 SIOUX FALLS, SD 57101</i>	<i>House of Rep Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/19/00</i>	<i>1,000.00</i>
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) .....

TOTAL This Period (last page this line number only) .....

*4,000.00*

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) 10/17/00
<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	
CR	10/20/00
PREPARER	DATE PREPARED