

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 16 12 58 PM '96

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Polaris Industries Inc. Political Participation Program

ADDRESS (number and street) Check if different than previously reported
1225 North Highway 169

CITY, STATE and ZIP CODE
Plymouth, MN 55441

2. FEC IDENTIFICATION NUMBER
C 00279497

3. 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
- 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	4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 19 96			\$ 19,378.11
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,212.72	
(c) Total Receipts (from Line 10)		\$ 2,787.46	\$ 5,622.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 23,000.18	\$ 25,000.18
7. Total Disbursements (from Line 20)		\$ 1,000.00	\$ 3,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 22,000.18	\$ 22,000.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 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	

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
7/12/96

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 9/93)

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 4/1/96

TO 6/30/96

COLUMN A
Total This Period

COLUMN B
Calendar Year

I. Receipts

- 11. Contributions (other than loans) From:
a. Individual/Persons Other Than Political Committees
i. Itemized (use Schedule A)
ii. Unitemized
iii. Total (add i and ii)
b. Political Party Committees
c. Other Political Committees (such as PACs)
d. Total Contributions (add a ii, b and c)
12. Transfers From Affiliated/Other Party Committees
13. All Loans Received
14. Loan Repayments Received
15. Offsets To Operating Expenditures [Refunds, Rebates, etc.]
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees
17. Other Federal Receipts (Dividends, Interest, etc.)
18. Transfers from Nonfederal Account for Joint Activity
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)
20. Total Federal Receipts (subtract line 18 from line 19)

Table with 2 columns: COLUMN A (Total This Period) and COLUMN B (Calendar Year). Rows 11-20 showing receipt amounts.

11(a)
11(a)
11(a)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20

II. Disbursements

- 21. Operating Expenditures:
a. Shared Federal/Non-Federal Activity (from Schedule H4)
i. Federal Share
ii. Non-Federal Share
b. Other Federal Operating Expenditures
c. Total Operating Expenditures (add a i, a ii, and b)
22. Transfers to Affiliated/Other Party Committees
23. Contributions to Federal Candidates/Committees and Other Political Committees
24. Independent Expenditures (use Schedule E)
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(d)) (use Schedule F)
26. Loan Repayments Made
27. Loans Made
28. Refunds of Contributions To:
a. Individuals/Persons Other Than Political Committees
b. Political Party Committees
c. Other Political Committees (such as PACs)
d. Total Contribution Refunds (add a, b and c)
29. Other Disbursements
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)
31. Total Federal Disbursements (subtract line 21 a ii from line 30)

Table with 2 columns: COLUMN A (Total This Period) and COLUMN B (Calendar Year). Rows 21-31 showing disbursement amounts.

21(a)
21(a)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31

III. Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d)
33. Total Contribution Refunds (from line 28d)
34. Net Contributions (other than loans)(subtract line 33 from 32)
35. Total Federal Operating Expenditures (add 21 a i and 21 b)
36. Offsets to Operating Expenditures (from line 15)
37. Net Operating Expenditures (subtract line 36 from 35)

Table with 2 columns: COLUMN A (Total This Period) and COLUMN B (Calendar Year). Rows 32-37 showing net amounts.

32
33
34
35
36
37

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 Kenneth D. Larson 1225 N. Highway 169 Plymouth, MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Polaris Industries Occupation President Aggregate Year-to-Date > \$ 560.00	Date (month, day, year) Amount of Each Receipt this Period 280.00	
B. Full Name, Mailing Address and ZIP Code William H. Wendel, Jr. 1225 N. Highway 169 Plymouth, MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Polaris Industries Occupation CEO Aggregate Year-to-Date > \$ 840.00	Date (month, day, year) Amount of Each Receipt this Period 420.00	
C. 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) Amount of Each Receipt this Period	
D. 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) Amount of Each Receipt this Period	
E. 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) Amount of Each Receipt this Period	
F. 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) Amount of Each Receipt this Period	
G. 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) Amount of Each Receipt this Period	
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			700.00

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 Each Disbursement This Period
<i>People for Boschwitz 7415 Wayzata Blvd. St. Louis Park, MN 55426</i>	<i>Senatorial campaign, YTD contributions 1,000</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/2/96</i>	<i>1,000.00</i>
B. 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
C. 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
D. 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
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)

1,000.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-12-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SEB
PREPARER

7-16-96
DATE PREPARED