

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Polaris Industries Political Participation Program

ADDRESS (number and street) 2100 Highway 55

(Check if address is changed)

Medina

CITY

MN

STATE

55340-9770

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ellen.mccarthy@polaris.com

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 / 31 / 2022

3. FEC IDENTIFICATION NUMBER

C C00279497

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mack, Robert, , ,

Signature of Treasurer Mack, Robert, , ,

[Electronically Filed]

Date

01 / 31 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Polaris Industries Political Participation Program

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Polaris Industries Inc

Mailing Address

2100 Highway 55

Medina

MN

55340-9770

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Intl, Aristotle, , ,

Mailing Address

205 Pennsylvania Avenue SE

Washington

DC

20003-1164

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

202

543

8345

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mack, Robert, , ,

Mailing Address

2100 Highway 55

Medina

MN

55340-9770

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

763

542

0558

Full Name of Designated Agent: Melsen, John, , ,
Mailing Address: 3208 Magnolia Dr
Medina MN 55340-9014
CITY STATE ZIP CODE
Title or Position Designated Agent Telephone number 763 - 847 - 8473

9. 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.

US Bank
Mailing Address: PO Box 1800
Saint Paul MN 55101
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This Form 1 updates the Treasurer, Assistant Treasurer and Custodian of Records.

Form/Schedule:
Transaction ID: