

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 26 11 08 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>POLARIS INDUSTRIES INC POLITICAL PARTICIPATION PROGRAM</b>		2. FEC IDENTIFICATION NUMBER <b>C00279497</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1225 HIGHWAY 169 NORTH</b>		
CITY, STATE and ZIP CODE <b>PLYMOUTH MN 55441</b>		
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 <b>04-01-99</b> through <b>06-30-99</b>		
6. (a) Cash on Hand January 1, 19 <b>99</b>		\$ <b>31,438.06</b>
(b) Cash on Hand at Beginning of Reporting Period	\$ <b>33,608.38</b>	
(c) Total Receipts (from Line 19)	\$ <b>2,175.82</b>	\$ <b>4,346.14</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <b>35,784.20</b>	\$ <b>35,784.20</b>
7. Total Disbursements (from Line 30)	\$ <b>6,000.00</b>	\$ <b>6,000.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <b>29,784.20</b>	\$ <b>29,784.20</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 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  
**7-20-99**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**  
(revised 6/93)

**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 **01-01-99** TO: **06-30-99**

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) .....	1,516.00	1,876.00	11(a)(i)
ii.	Unitemized .....	659.82	2,470.14	11(a)(ii)
ii.	Total .....	2,175.82	4,346.14	11(a)(iii)
b.	Political Party Committees .....			11(b)
c.	Other Political Committees (such as PACs) .....			11(c)
d.	Total Contributions .....			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 .....	2,175.82	4,346.14	19
20.	Total Federal Receipts .....	2,175.82	4,346.14	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 .....			21(c)
22.	Transfers to Affiliated/Other Party Committees .....			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	6,000.00	6,000.00	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 .....			28(d)
29.	Other Disbursements .....			29
30.	Total Disbursements .....	6,000.00	6,000.00	30
31.	Total Federal Disbursements .....	6,000.00	6,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d) .....	2,175.82	4,346.14	32
33.	Total Contribution Refunds (from line 28d) .....			33
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	2,175.82	4,346.14	34
35.	Total Federal Operating Expenditures .....	0	0	35
36.	Offsets to Operating Expenditures (from line 15) .....			36
37.	Net Operating Expenditures .....	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: CEO Aggregate Year-to-Date > \$ 720.00		360.00
BAXTER CHARLES 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: VP Engineering Aggregate Year-to-Date > \$ 240.00		120.00
BJORKMAN JEFF 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: VP MANUFACTURING Aggregate Year-to-Date > \$ 240.00		120.00
TERRY NESBITT 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: Manager Aggregate Year-to-Date > \$ 300.00		300.00
THOMAS RUSCHHAUPT 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: VP SALES Aggregate Year-to-Date > \$ 500.00		500.00
ED SKOMOROH 1225 HWY 169 NORTH PLYMOUTH MN 55441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POLARIS INDUSTRIES INC. Occupation: VP MARKETING Aggregate Year-to-Date > \$ 232.00		116.00
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)

1,516.00

TOTAL This Period (last page this line number only)

1,516.00

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) <i>Polaris Industries Inc. Political Participation Program</i>			
A. Full Name, Mailing Address and ZIP Code <i>DSCC 430 S. Capitol St., SE Washington, D.C. 20003</i>	Purpose of Disbursement <i>Democratic Senatorial Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>YTD contribs.</i>	Date (month, day, year) <i>5/3/99</i>	Amount of Each Disbursement This Period <i>2,500.00</i>
B. Full Name, Mailing Address and ZIP Code <i>Republican Senate/House Dinner P.O. Box 172 Washington, D.C. 20013</i>	Purpose of Disbursement <i>Dinner expenses</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/3/99</i>	Amount of Each Disbursement This Period <i>1,500.00</i>
C. Full Name, Mailing Address and ZIP Code <i>E. Dole for President Exp. Comm. 5024 18th Ave. S. Mpls, MN 55417</i>	Purpose of Disbursement <i>Exploratory Committee</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/1/99</i>	Amount of Each Disbursement This Period <i>1,000.00</i>
D. Full Name, Mailing Address and ZIP Code <i>DASHOAC 424 C Street, NE Washington, D.C. 20002</i>	Purpose of Disbursement <i>Tom Daschle Senatorial Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>YTD contribs.</i>	Date (month, day, year) <i>6/11/99</i>	Amount of Each Disbursement This Period <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)			<i>6,000.00</i>
TOTAL This Period (last page this line number only)			<i>6,000.00</i>

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 7/20/99
<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	
ENT	7/26/99
PREPARER	DATE PREPARED