FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 0000011 0	0(11) 01 1110 111	vestment Company Act or 1940					
IHTCHCOCK CAMEDON				Date of Event Requiring Statement donth/Day/Year) 1/20/2004 3. Issuer Name and Ticker or Trading Symbol ALLETE INC [ALE]								
(Last) ADESA CORPORAT	(First) (Middle)						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director		5. I	5. If Amendment, Date of Original Filed (Month/Day/Year)		
310 EAST 96TH STREET, SUITE 400						X Officer (give title below) Chief Financial Officer A		10% Owner Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) INDIANAPOLIS	IN	46240					Cinci i manciai Officei i	ADESA		Form filed by Mo	re than One Reporting Person	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount o (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)				(Instr. 4) Exercise Proof Derivative			4. Conversion of Exercise Price of Derivative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security			

Explanation of Responses:

Remarks:

Cameron C. Hitchcock ** Signature of Reporting Person 01/20/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Exhibit 24

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of Philip R. Halverson, Ingrid K. Johnson, Christopher D. Anderson, Lyssa S. Supinski, and Steven w. Tyacke, signing singly, the undersigned's true and lawful attorney-in-fact to:

(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of ALLETE, Inc. (Company), Forms 3, 4, and 5 in accordance of the undersigned of the undersig

(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4, or 5, compl

(3) take any other action of any type whatsoever in connection with the

foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understook

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary,

The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Compar

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 20th day January, 2004.

/s/ Cameron Hitchcock