

Prescribed by Secretary of State 2/01

| Name of Committee in Full |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
|---------------------------|--|--|--|-------------------------------------|--|----------|---|--------------|---|--------|---|---|-------|
| EVERYONE FOR ED LEONARD   |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
| BLUE UTOPIA               |  |  |  |                                     |  |          | 0 | 4            | 0 | 7      | 0 | 8 | 30.00 |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
| PO BOX 4486               |  |  |  | ONLINE CONTRIBUTION MAINTENANCE FEE |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
| SEATTLE                   |  |  |  | W   A                               |  | 98194    |   | EFT          |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| Address                   |  |  |  | Purpose                             |  |          |   |              |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| City                      |  |  |  | State                               |  | Zip Code |   | Check Number |   |        |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |
| To Whom Paid              |  |  |  |                                     |  |          | M | D            | Y | Amount |   |   |       |
|                           |  |  |  |                                     |  |          |   |              |   |        |   |   |       |