



ELECTIONS BC
A non-partisan Office of the Legislature

FINANCING REPORT LEADERSHIP CONTESTANT

F-LC (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # _____

CONTESTANT'S SURNAME LAIRO		FIRST NAME MATTHEW		INITIAL(S) R
REGISTERED POLITICAL PARTY Democratic Reform BC				
FINANCIAL AGENT'S SURNAME MATTHEW LAIRO		FIRST NAME MATTHEW		INITIAL(S) R
FINANCIAL AGENT'S MAILING ADDRESS #114 - 2 Renaissance Sq				
CITY/TOWN New Westminster	POSTAL CODE V3M 6K3	PHONE NUMBER (604) 526-8986	FAX NUMBER ()	
EMAIL ADDRESS matt@drbc.ca				

This financing report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Statement of Income and Expenses - Form St-I&E-L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Political Contributions by Class - Form Sm-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Political Contributions of Money/Property/Services over \$250 - Form S-A1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions - Form S-A2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prohibited Contributions - Form S-Ax	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Expenses Paid by Financial Agent - Form Sm-PE1	<input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Contestant - Form Sm-PE2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Fundraising Functions - Form Sm-F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fundraising Function - Form S-F	<input type="checkbox"/>	<input type="checkbox"/>
Loans & Guarantees Received - Form S-L1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loans/Debts Forgiven/Written Off - Form S-L2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

I, the Financial Agent, declare that:
 (a) I am authorized to act on behalf of the above-named contestant;
 (b) This report and appropriate forms have been prepared in accordance with the Election Act; and
 (c) To the best of my knowledge, information and belief, all the information contained in this statement is complete and accurate.

SIGNATURE OF FINANCIAL AGENT 	DATE (YYYYMMDD) 2006102109
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 266].



ELECTIONS BC
A vote path to the Office of the Lieutenant Governor

LEADERSHIP CONTESTANT STATEMENT OF INCOME & EXPENSES

SI&E-L (99/09)

NAME OF LEADERSHIP ENTRY Matthew Laird	POLITICAL PARTY Democratic Reform BC
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Income:	Total political contributions (box E, form SI-M-C)	0
	Gross fundraising income not reported as political contributions (box E, form SI-M-F)	0
	Interest Income	0
Other income (describe)		0

Total Income **0** A

Expenses:	Accounting and audit services	
	Bad debt expense	
	Bank charges	
	Brochures (pamphlets, flyers, etc.)	
	Contributions to other organizations	
	Convention, workshop and meeting fees and rentals	
	Data processing	
	Furniture and equipment	
	Gifts	
	Insurance	
	Interest expense	
	Media advertising	
	Newsletters	
	Office rental	
	Office supplies, stationery	
	Personal expense of contestant (box G, form SI-M-F)	
	Postage & courier	
	Printing	
	Professional services	
	Promotional materials (buttons, pins, etc.)	
Research & polling		
Salaries & benefits		
Signs (awn signs, billboards, etc.)		
Social functions		
Telecommunications		
Travel		
Utilities & maintenance		
Victory/thank-you parties		
Total cost of fundraising functions (box B, form SI-M-F)		
Other expenses (describe)		0

Total Contestant Expenses **0** B

Surplus (Deficit) (A - B) **0** C



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SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (06/05)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY Matthew Laird

Total value of contributions from each of the following classes of contributor:

	Contributions greater than \$250	Contributions of \$250 or less
Individuals	1a	1b
Corporations	2a	2b
Unincorporated Business/Commercial Organizations	3a	3b
Trade Unions	4a	4b
Non-profit Organizations	5a	5b
Other Identifiable Contributors	6a	6b

Classified subtotals (1a to 6a & 1b to 6b)
(box A = box A, B-A1) A B

Classified totals
(A + B) C

Total anonymous contributions
(from box A, B-A2) D

Total value of all political contributions from all sources
(C + D) E

Total contributions of money F

Total contributions of goods, services and discounts
(includes contributions through loans and debts) G
(boxes F + G must equal box E)

Number of contributors who made contributions of less than \$250 in total value H

Total amount of all income tax receipts issued for political contributions received
(Leadership Contestants cannot issue tax receipts) I



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POLITICAL CONTRIBUTIONS OF MONEY, PROPERTY OR SERVICES WITH A VALUE GREATER THAN \$250

S-A1 (99/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Matthew Laird

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OF

FULL NAME OF CONTRIBUTOR <small>(If a numbered corporation or an unincorporated organization, include full names of two directors)</small>	CLASS OF CONTRIBUTOR* <small>(✓ APPROPRIATE CLASS)</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			

* CLASS OF CONTRIBUTOR:
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

TOTAL OF INDIVIDUAL CONTRIBUTIONS	A	<i>0</i>
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ORIGINAL — CHIEF ELECTORAL OFFICE
PLEASE KEEP A COPY FOR YOUR RECORDS

This form is available for public inspection at the Chief Electoral Office during regular office hours.



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PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2 (89/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Matthew Laird

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OF

DATE OF FUNCTION	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS

TOTAL A

[Handwritten mark]



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PROHIBITED CONTRIBUTIONS

S-Ax (99/06)


NAME OF FILING ENTITY

Matthew Laird

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DATE RECEIVED	CIRCUMSTANCES	AMOUNT	DATE RETURNED	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE

TOTAL A 

ORIGINAL - CHIEF ELECTORAL OFFICE
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PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

Sm-PE2 (99/05)

(This form must be completed by the candidate or contestant
and submitted to the financial agent within 60 days)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY Matthew Laird

Paid by the Candidate or Contestant

A. Transportation to, from or within electoral district

Air travel	/	
Bus, taxi		
Rental vehicle		
Private vehicle		
Other (describe)		
Total	/	A

B. Cost of lodging, meals & incidental expenses while travelling

Hotel, motel	/	
Meals		
Incidental expenses (describe)		
Total	/	B

C. Cost of renting a necessary temporary residence

Rent	/	C
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D. All other necessary personal expenses related to campaign or contest

Family care	/	
Disability expenses		
Total	/	D

E. Total personal expenses paid by candidate or contestant

Total of items A to D	/	E
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SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

Sm-F (99/05)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY Matthew Laird

Number of fundraising functions held

Total gross fundraising function income (sum of boxes K on all S-F) A

Total cost of fundraising functions (sum of boxes L on all S-F) B

Total net income (or loss) from fundraising functions (A - B) C

Total amount of gross income reported as political contributions (sum of boxes F on all S-F) D

Total amount of gross income NOT reported as political contributions (sum of boxes J on all S-F) E

(boxes D + E must equal box A)

For election financing reports only (see instructions before completing this section)

Total cost of fundraising functions held during the campaign period, which did not incur net losses F

Total cost of fundraising functions held outside the campaign period G

Total net losses of fundraising functions which incurred net losses during the campaign period H



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LOANS AND GUARANTEES RECEIVED

S-L1 (99/06)

NAME OF FILING ENTITY Matthew Laird

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DATE RECEIVED	FULL NAMES OF LENDER AND GUARANTOR	CLASS* (1/)						CONDITIONS (If applicable)	ORIGINAL AMOUNT OF LOAN / GUARANTEE \$	AMOUNT OF LOAN OUTSTANDING \$	INT. RATE %	PRIME RATE %	A		B		C	
		1	2	3	4	5	6						AMOUNT OF INTEREST PAYABLE AT PRIME RATE \$	AMOUNT OF INTEREST BEING CHARGED \$	BENEFIT/ CONTRIBUTION (\$ - B) \$			
TOTAL									D	E		TOTAL						F

*CLASS:
 1-INDIVIDUAL, 2-CORPORATION, 3-LIMITED CORPORATION/BUSINESS/COMMERCIAL ORGANIZATION,
 4-TRADE UNION, 5-NON-PROFIT ORGANIZATION, 6-OTHER

ORIGINAL — CHIEF ELECTORAL OFFICE
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LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2 (99/08)

Matthew Laird

NAME OF FILING ENTITY

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OF

DATE RECEIVED	FULL NAME OF LENDER / CREDITOR	CLASS OF CONTRIBUTOR* (✓ APPROPRIATE CLASS)						CONDITIONS (If applicable)	AMOUNT OF LOAN / DEBT d	AMOUNT OF LOAN / DEBT FORGIVEN / WRITTEN OFF e
		1	2	3	4	5	6			
TOTALS								A	B	

* CLASS OF CONTRIBUTOR:
1-INDIVIDUAL, 2-CORPORATION, 3-UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4-TRADE UNION, 5-NON-PROFIT ORGANIZATION, 6-OTHER