

1	2	3	4	5	6	7	8	9		
Date of expenditure Chennai Chennai Chennai	Description Nature of expenditure Chennai	Qty. unit quantity	Rate per unit unit price	Total Amount in Rupees (paid + outstanding) Chennai Chennai Chennai	Name and address of payee Chennai Chennai Chennai	Bill No. / Voucher No. and date Chennai Chennai Chennai	Amount incurred/authorized by candidate or his election agent Chennai Chennai Chennai	Amount incurred/authorized by political party and name of political party Chennai Chennai Chennai	Amount incurred/authorized by other individual/ association/body/any other (mention full Name and Address) Chennai Chennai Chennai	Remarks, if any Chennai Chennai Chennai
27.3.19	M1	-	-	-	-	-	-	-	-	
28.3.19	M1	-	-	-	-	-	-	-	-	
29.3.19		-	-	-	-	-	-	-	-	
30.3.19		-	-	-	-	-	-	-	-	
31.3.19	M1	-	-	-	-	-	-	-	-	
01.04.19		-	-	-	-	-	-	-	-	
02.04.19		-	-	-	-	-	-	-	-	
03.04.19	M1	-	-	-	-	-	-	-	-	
04.04.19		-	-	-	-	-	-	-	-	
05.04.19		-	-	-	-	-	-	-	-	
06.04.19	M1	-	-	-	-	-	-	-	-	
07.04.19		-	-	-	-	-	-	-	-	
08.04.19		-	-	-	-	-	-	-	-	

Srinivasan
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Samraj AEG

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1	2			3	4	5	6	7	8	9
Date of expenditure Date Chennai Tamil Nadu	Nature of expenditure Detailed particulars			Total Amount in Rupees (paid + outstanding) Chennai Chennai Chennai Chennai Chennai	Name and address of payee Chennai Chennai Chennai Chennai Chennai	Bill No. / Voucher No. and date U.Y. order / Bill No. / Date	Amount incurred/authorized by candidate or his election agent Chennai Chennai Chennai Chennai Chennai	Amount incurred/authorized by political party and name of political party Chennai Chennai Chennai Chennai Chennai	Amount incurred/authorized by other individuals/ association/body/any other (mention full Name and Address) Chennai Chennai Chennai Chennai Chennai	Remarks, if any Chennai Chennai Chennai Chennai Chennai
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-
27-4-19	Nil			-	-	-	-	-	-	-

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 27/4/19

Dr. Pravin Kumar
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Dr. Pravin Kumar

(Part B)
(അനു B)

Cash Register for Maintenance of Day to Day Accounts by Contesting Candidates

Name of the Candidate: **M. Sankaralingam**
 Contesting Party: **Thoothukudi**

Name of Political Party, if any:
 Contesting Party: **Thoothukudi**

Date of Declaration of Result:
 Name and address of Election Agent:
 (From the date of nomination to the date of declaration of result of election, both dates inclusive)
 (From the date of declaration of result of election, both dates inclusive)

Sl. No.	Receipt	Receipt No.	Amount	Bill No./ Voucher No. and Date	Name of Payee and Address	Nature of Expenditure	Amount	Balance Amount	Remarks, if any
1	From party/association/body/any other from whom the amount received		25000	From int. in bank	Self Govt.	For	25000	Nil	Any excess mentioned in column 7 of this table and not mentioned in column 2 of table of Part-A should be clarified here.
2	Candidate's own fund								

Seen
 20.12.19
 K. P. O.

Handwritten signature and date: 05/04/19

Receipt			Payment				Balance Amount	Remarks, if any	
Date	Name and address of person/body/any other from whom the amount received	Receipt No.	Amount	Bill No. and Date	Name of Payee and Address	Nature of Expenditure	Amount	Place at which or person with whom the balance is kept (if cash is kept at more than one place/person, mention name and balance available)	Any expense mentioned in column 7 of this table and not mentioned in column 2 of table of Part-A should be clarified here.
07/3/19	NIL								
08/3/19									
09/3/19									
10/3/19									
11/3/19									
12/3/19									
13/3/19									
14/3/19									
15/3/19									
16/3/19									

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 08/04/19 33
 Seen by
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Receipt			Payment				Balance Amount	Remarks, if any	
Date	Name and address of person/parish/association/body/any other from whom the amount received	Receipt No. & date	Amount	Bill No. and Date	Name of Payee and Address	Nature of Expenditure	Amount	Places at which or person with whom the balance is kept (if cash is kept at more than one place/persons, mention name and balance available)	Any expense mentioned in column 7 of this table and not mentioned in column 2 of table of Part A should be defined here.
1									
2	Nil								
3									
4									
5									
6									
7									
8									
9									
10									

1/10/19
2/10/19
3/10/19
4/10/19
5/10/19
6/10/19
7/10/19
8/10/19
9/10/19
10/10/19

Dr. Prasenjit Kumar
15/04/19

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Dr. S. N. Ch

Dr. Anand M. A. S.

(Part C)
(Annex C)

Bank Register for Maintenance of Day to Day Accounts by Contesting Candidates

Name of the Candidate: **Sankaraningam**
 Name of Political Party, if any: **சென்னை சிபிஐ**
 Constituency from which contested: **Thoothukudi**
 Name of the Bank: **Canara Bank**
 Branch Address: **Veera padman pathram Branch**
 Date of Declaration of Result: **40/8/10/09 832**
 Name and address of Election Agent: **From own Savings**
 Name of the Bank: **Canara Bank**
 Branch Address: **Veera padman pathram Branch**
 Date of Declaration of Result: **40/8/10/09 832**
 Name and address of Election Agent: **From own Savings**

1	2	3	4	5	Payment			9	10
					6	7	8		
Date	Name and address of person/party/association/body/any other from whom the amount received/ deposited in Bank	Cash/Cheque No., Bank name and Branch	Amount	Cheque No. and Bank	Name of payee	Nature of Expenditure	Amount	Balance	Remarks, if any
15/5/11	From own Savings Candidate's own fund.	By Cash	2500/-	Sole Agent NIL	Govt.	trans- national transfer	1000/-	1000/-	NIL

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Seen
23.5.19
A.B.O.

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(S.O.)
02/04/19

Date Date	Name and address of person/partners/association/body/any other from whom the amount received/deposited in Bank Name and address of person/partners/association/body/any other from whom the amount received/deposited in Bank	Cash/Cheque No., Bank name and Branch Cash/Cheque No., Bank name and Branch	Amount Amount	Cheque No. Cheque No.	Name of payee Name of payee	Nature of Expenditure Nature of Expenditure	Amount Amount	Balance Balance	Remarks, if any Remarks, if any
1	2	3	4	5	6	7	8	9	10
11/3/19	Nil								
11/4/19									
11/5/19									
11/6/19									
11/7/19									
11/8/19									
11/9/19									
11/10/19									
11/11/19									
11/12/19									

Dr. Ranmooji
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Dr. Jambharni & Co.

Date mm/dd/yy	Deposit ಮಾಹಿತಿ				Payment ಮಾಹಿತಿ			Balance ಮಾಹಿತಿ	Remarks, if any ಬಿಡುಗಡೆ
	Name and address of person/entity/association/body/any other from whom the amount received/deposited in Bank ಸರ್ಕಾರಿ/ಉದ್ಯೋಗಿ/ಉದ್ಯೋಗಿ/ಉದ್ಯೋಗಿ ಅಥವಾ ಇತರ ಯಾವುದೇ ಸಂಸ್ಥೆ ಯವರಿಂದ ಈ ಮೊತ್ತವು ಸಂಗ್ರಹಿಸಿದ ವ್ಯಕ್ತಿ/ಸಂಸ್ಥೆ	Cash/Cheque No. and Branch ಮಾಹಿತಿ ಮತ್ತು ಶಾಖೆ	Amount ಮಾಹಿತಿ	Cheque No. ಮಾಹಿತಿ	Name of payee ಮಾಹಿತಿ	Nature of Expenditure ಮಾಹಿತಿ	Amount ಮಾಹಿತಿ		
1	2	3	4	5	6	7	8	9	10
2/4/19	Nil	-	-	-	-	-	-	-	-
3/4/19					Nil				
4/4/19									
5/4/19									
6/4/19									
7/4/19									
8/4/19									
9/4/19									
10/4/19									
11/4/19									
12/4/19									

Dr. Paramaswami
15/04/19

66
Seenu
05/04/19

Dr. J. S. Srinivas