

(Part A)
 ഭാഗം A

Register for Maintenance of Day to Day Accounts of Election Expenditure by Contesting Candidates
 തിരഞ്ഞെടുപ്പിലിറങ്ങുന്ന മത്സരക്കാരുടെ തിരഞ്ഞെടുപ്പിലെ ചെലവുകളുടെ ദിവസേനാക്കാര്യ രജിസ്ട്രേഷൻ

Name of the Candidate: **Dr. Jayaram Jayaram**

Name of Political Party, if any: **PMK**

Constituency from which contested: **Thiruvananthapuram**

Date of Declaration of Result: **20.08.2019**

Name and address of Election Agent: **M.A. Jayaram, R. Sri 14, Mysore Road, Thiruvananthapuram**

Total expenditure incurred/authorized: **Rs 70,000.00/-**

(From the date of nomination to the date of declaration of result of election, both dates inclusive)
 തിരഞ്ഞെടുപ്പിലിറങ്ങുന്നതിനുള്ള തീയതി മുതൽ തിരഞ്ഞെടുപ്പിലെ ഫലം പ്രഖ്യാപിക്കപ്പെടുന്ന തീയതി വരെ

1	2	3	4	5	6	7	8	9
Date of expenditure event	Description	Total Amount in Rupees (paid + outstanding)	Name and address of payee	Bill No. / Voucher No. and date	Amount incurred/authorized by candidate or his election agent	Amount incurred/authorized by political party and name of political party	Amount incurred/authorized by other individuals/ association/body/any other (mention full Name and Address)	Remarks, if any
26.8.19	Donation	12500						

N. B. ...
 Nat Team

20/8/19

...

1	2	3	4	5	6	7	8	9
Date of expenditure Geseu Geseu Geseu	Nature of expenditure Geseu Geseu Geseu	Total Amount in Rupees (paid + outstanding) Geseu Geseu Geseu	Name and address of payee Geseu Geseu Geseu	Bill No. / Voucher No. and date Geseu Geseu Geseu	Amount incurred/authorized by candidate or his election agent Geseu Geseu Geseu	Amount incurred/authorized by political party and name of political party Geseu Geseu Geseu	Amount incurred/authorized by other individual association/body/any other (mention full Name and Address) Geseu Geseu Geseu	Remarks, if any Geseu Geseu Geseu
5.4.19	1	2500-						
6.4.19	1	2500						
7.4.19	1	2500						

V. Shankar Mishra
Acct Team 2

Sheet 1
14/1/19

Sanjay Mishra
28.4.19

Handwritten signature and date: 15/1/19

1	2	3	4	5	6	7	8	9
Date of expenditure	Nature of expenditure	Total Amount in Rupees (paid + outstanding)	Name and address of payee	Bill No. / Voucher No. and date	Amount incurred/authorized by candidate or his election agent	Amount incurred/authorized by political party	Amount incurred/authorized by other individual association/body/any other (mention full Name and Address)	Remarks, if any
8.4.19	Vehicle Rent	Rs 2500-						
9.4.19	"	Rs 2500-						
10.4.19	"	Rs 2500-						
11.4.19	"	Rs 2500-						
12.4.19	"	Rs 2500-						
13.4.19	"	Rs 2500-						
14.4.19	"	Rs 2500-						
15.4.19	Bank Exp.	Rs 3000						

Checked by A.M. [Signature] 15.04.19

3 15/4/19

4 15.4.19

[Handwritten signature]

Bill 15.4.19

(Part B)
(Annex B)

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

Name of the Candidate: **Dr. S. S. S. S. S.**
 Name of Political Party, if any: **Dr. S. S. S. S. S.**
 Name of Constituency from which contested: **Dr. S. S. S. S. S.**
 Name and address of Election Agent: **Dr. S. S. S. S. S.**
 Name of Declaration of Result: **Dr. S. S. S. S. S.**
 Name of Candidate: **Dr. S. S. S. S. S.**
 Name of Constituency from which contested: **Dr. S. S. S. S. S.**
 Name and address of Election Agent: **Dr. S. S. S. S. S.**
 Name of Declaration of Result: **Dr. S. S. S. S. S.**
 Name of Candidate: **Dr. S. S. S. S. S.**
 Name of Constituency from which contested: **Dr. S. S. S. S. S.**
 Name and address of Election Agent: **Dr. S. S. S. S. S.**
 Name of Declaration of Result: **Dr. S. S. S. S. S.**

Sl. No.	Receipt No.	Amount	Date	Payment		Balance Amount	Remarks, if any		
				Name of Payee and Address	Nature of Expenditure				
1	2	3	4	5	6	7	8	9	10
		19500			Grant	None	19500		Nil

32
 Dr. S. S. S. S. S.
 Dr. S. S. S. S. S.

Receipt			Payment				Balance Amount	Remarks, if any	
Date	Name and address of person/primary/association/body/any other from whom the amount received	Receipt No.	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 clarified here.
1	2	3	4	5	6	7	8	9	10
4-11	Self withdrawal from Election Account	-	25000	Self	Mrs Ravon	Note for Ravon	2100	22900	

33

 15/11/15

(Part C)
(Annex 9)

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

Name of the Candidate: **Dr. M. Jayaram**
 Constituency from which contested: **Periyar**
 Date of Declaration of Result: **16.02.2019**

Name of Political Party, if any: **Dr. Jayaram**
 Name of Financial Institution: **Dr. Jayaram**

Name and address of Election Agent: **M. A. Jayaram**
 Name of the Bank: **State Bank of India**
 Branch Address: **16, 20th Cross Street, Vengaloori**
 Account No.: **65700877289**
 From the date of nomination to the date of declaration of result of election, both dates inclusive.

Deposit		Payment			Balance		Remarks, if any		
மேலும் சேர்த்து		செலவுகள்			சமன்பாடு		குறிப்புகள்		
Name and address of person/party/association/body/any other from whom the amount received/ deposited in Bank	Cheque No., Bank name and Branch	Amount	Cheque No.	Name of payee	Nature of Expenditure	Amount	Any expense mentioned in column 7 of this table and not mentioned in column 2 of table of Part-A should be clarified here.		
பெயர்/கட்சி/சங்கம்/பொருளாதார அமைதி/பிற தனிப்பட்டவர்கள்/அல்லது வேறு யாருடிலிருந்து அளவுகூட்டுகப்பட்ட அல்லது சேமிக்கப்பட்ட தொகை	சேக்கின் எண், வங்கியின் பெயர் மற்றும் கிளை	அளவு	சேக்கின் எண்	பெயர்	செலவின் தன்மை	அளவு	பகுதி 7-ல் குறிப்பிடப்பட்ட செலவுகள் மற்றும் பகுதி A-ல் குறிப்பிடப்படாத செலவுகள் குறிப்பிடப்பட வேண்டும்.		
2		3	4	5	6	7	8	9	10
Candidates' own funds	-	2000	-	-	-	-	2000		

64
 Dr. Jayaram
 16/2/19
 M. A. Jayaram
 16/2/19

Deposit				Payment			Balance	Remarks, if any	
Name and address of person/party/association/body/ny other from whom the amount received/deposited in Bank				Cheque No. and Bank name			Balance	Remarks, if any	
Date	Name and address of person/party/association/body/ny other from whom the amount received/deposited in Bank	Cash/Cheque No. and Bank name	Amount	Cheque No.	Name of payee	Nature of Expenditure	Amount	Remarks, if any	
1	2	3	4	5	6	7	8	9	
4-19	Contributed Don Fund	-	25000	-	Self with known	Contri peny	25000	2000	

Signature
5/14/19