(Part A)

Register for Maintenance of Day to Day Accounts of Election Expenditure by Contesting Candidates

Name of the Candidate: MD. ILIYASH WHAN

Name of Political Party, if any:

INSDEPENDENT

Constituency from which contested: 1-1 mer MPC

Date of Declaration of Result:

Name and address of Election Agent: ABDUR RASHID of OINAM SAWOMBUNG

Total expenditure incurred / authorized:

(From the date of nomination to the date of declaration of result of election, both dates inclusive)

1	2			3	4	5	6	7	8	9	
Date of expenditure/event	Nature of expenditure			ReceiptTotal 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 individual/ association/ body/any other (mention full Name and Address)	en apri	
	Description	Qty.	Rate per unit				<i>j</i>		Seem	1 31 11	200
26/3)19	Nomination						25000=		Jum	Ť	
27/3/19						7		Where	femfil1	9 419	
28/3/19	N) A						NIL	Imay 9	M.A.		
9/4/19								12/200/so	1- Thurs		
									Mampur		

Certified that this is a true account kept by me/my election agent under Section 77 of the Representation of the People Act, 1951 (Certificate to be furnished after the date of declaration of result).

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Signature of the candidate

(Part A)

Register for Maintenance of Day to Day Accounts of Election Expenditure by Contesting Candidates

Name of the Candidate: MD. ILIYASH KHANI

Name of Political Party, if any:

Constituency from which contested: LNSEDENDENT

Date of Declaration of Result:

Name and address of Election Agent:

Total expenditure incurred / authorized:

(From the date of nomination to the date of declaration of result of election, both dates inclusive)

1	2			3	4	5	6	7	8	9
Date of expenditure/event	Nature o	f expen	diture	ReceiptTotal 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 individual/ association/ body/any other (mention full Name and Address)	Remarks, if any
	Description	Qty.	Rate per unit		.581	L. Wirty			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10-14 April 2019		_	N.L				, &	w 2001	7 2	
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AEO-Emer

My. Mysh ham Signature of the candidate

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