

(その1)

# 収 支 報 告 書



令和6年分

( 年 月 日開催分)

1 政治団体の名称 (ふりがな) あいちけんやくざいしれんめいてんぱくしふ  
愛知県薬剤師連盟天白支部

2 主たる事務所の所在地 名古屋市天白区保呂町1710

3 代表者の氏名 矢野 宗敏

4 会計責任者の氏名 須川 雅之

事務担当者の氏名 須川 雅之

(電話) 080-8261-1281

(電話)

(電話)

## 政治団体の区分

- ☐ 政 党  
☐ 政治資金規正法第18条の2第1項の規定による政治団体  
☐ 政治資金団体  
☒ その他の政治団体  
☐ その他の政治団体の支部

## 活動区域の区分

- ☐ 2以上の都道府県の区域等  
☒ 同一の都道府県の区域内

## 資金管理団体の指定の有無

- ☐ 有  
☒ 無

公職の種類

資金管理団体の届出をした者の氏名

## 国会議員関係政治団体の区分

- ☐ 政治資金規正法第19条の7第1項第1号に係る国会議員関係政治団体  
☐ 政治資金規正法第19条の7第1項第2号に係る国会議員関係政治団体

公職の候補者の氏名

公職の種類

## 資金管理団体の指定の期間

令和 年 月 日から

令和 年 月 日まで

## 国会議員関係政治団体に関する特例の適用期間

令和 年 月 日から

令和 年 月 日まで

(その2)

1 収支の総括表

|                               |  |  |  |  |   |   |   |   |   |   |   |
|-------------------------------|--|--|--|--|---|---|---|---|---|---|---|
| 収 入 総 額 . . . . .             |  |  |  |  | 2 | 2 | 9 | 4 | 2 | 4 | 7 |
| ( 前 年 か ら の 繰 越 額 ) . . . . . |  |  |  |  | 1 | 2 | 6 | 0 | 5 | 4 | 5 |
| ( 本 年 の 収 入 額 ) . . . . .     |  |  |  |  | 1 | 0 | 3 | 3 | 7 | 0 | 2 |
| 支 出 総 額 . . . . .             |  |  |  |  | 1 | 0 | 0 | 9 | 6 | 1 | 0 |
| 翌 年 へ の 繰 越 額 . . . . .       |  |  |  |  | 1 | 2 | 8 | 4 | 6 | 3 | 7 |

2 収入項目別金額の内訳

(1) 個人の負担する党費又は会費

|               |  |  |  |  |   |   |   |   |   |   |                |
|---------------|--|--|--|--|---|---|---|---|---|---|----------------|
| 金 額 . . . . . |  |  |  |  | 1 | 0 | 3 | 3 | 7 | 0 | 0              |
| 員 数 . . . . . |  |  |  |  |   |   |   |   |   | 5 | 7 <sup>人</sup> |

(2) 寄 附

| ア 寄附(イを除く。)の区分        | 金 額 |  |  |  |  |  |   | 備 考 |  |  |  |
|-----------------------|-----|--|--|--|--|--|---|-----|--|--|--|
| (ア) 個 人 か ら の 寄 附     |     |  |  |  |  |  | 0 |     |  |  |  |
| (ア) (ア) うち 特 定 寄 附 )  |     |  |  |  |  |  | 0 |     |  |  |  |
| (イ) 法人その他の団体からの寄附     |     |  |  |  |  |  | 0 |     |  |  |  |
| (ウ) 政 治 団 体 か ら の 寄 附 |     |  |  |  |  |  | 0 |     |  |  |  |
| 小 計 (ア) + (イ) + (ウ)   |     |  |  |  |  |  | 0 |     |  |  |  |
| (寄附のうち寄附のあつせんによるもの)   |     |  |  |  |  |  | 0 |     |  |  |  |
| イ 政党匿名寄附              |     |  |  |  |  |  | 0 |     |  |  |  |
| 合 計 (ア + イ)           |     |  |  |  |  |  | 0 |     |  |  |  |

(その6)

(6) その他の収入

[illegible]

(その13)

## 3 支出項目別金額の内訳

## (1) 支出の総括表

| 項 目                   |               | 金 額 |     |   |   |   |   |   |   | 備 考 |  |
|-----------------------|---------------|-----|-----|---|---|---|---|---|---|-----|--|
| 1                     | 経 常 経 費       | 十 億 | 百 万 | 千 | 円 |   |   |   |   |     |  |
| (1)                   | 人 件 費         |     |     |   |   |   |   |   |   | 0   |  |
| (2)                   | 光 熱 水 費       |     |     |   |   |   |   |   |   | 0   |  |
| (3)                   | 備 品 ・ 消 耗 品 費 |     |     |   |   |   |   |   |   | 0   |  |
| (4)                   | 事 務 所 費       |     |     |   |   |   |   |   |   | 0   |  |
| 小 計                   |               |     |     |   |   |   |   |   |   | 0   |  |
| 2                     | 政 治 活 動 費     |     |     |   |   |   |   |   |   | 0   |  |
| (1)                   | 組 織 活 動 費     |     |     |   |   |   |   |   |   | 0   |  |
| (2)                   | 選 挙 関 係 費     |     |     |   |   |   |   |   |   | 0   |  |
| (3) 機関紙誌の発行その他の事業費    |               |     |     |   |   |   |   |   |   | 0   |  |
| ア 機 関 紙 誌 の 発 行 事 業 費 |               |     |     |   |   |   |   |   |   | 0   |  |
| イ 宣 伝 事 業 費           |               |     |     |   |   |   |   |   |   | 0   |  |
| ウ 政 治 資 金 パーティー開催事業費  |               |     |     |   |   |   |   |   |   | 0   |  |
| エ そ の 他 の 事 業 費       |               |     |     |   |   |   |   |   |   | 0   |  |
| (4)                   | 調 査 研 究 費     |     |     |   |   |   |   |   |   | 0   |  |
| (5)                   | 寄 附 ・ 交 付 金   |     |     | 1 | 0 | 0 | 8 | 4 | 0 | 0   |  |
| (6)                   | そ の 他 の 経 費   |     |     |   |   |   | 1 | 2 | 1 | 0   |  |
| 小 計                   |               |     |     | 1 | 0 | 0 | 9 | 6 | 1 | 0   |  |
| 合 計                   |               |     |     | 1 | 0 | 0 | 9 | 6 | 1 | 0   |  |

(その15)

| (3) 政治活動費の内訳 |       |     |  |  |   |   | 項目別区分 |     |                              |                                     | 8.寄附・交付金 |           | ( 寄付金 )        |  |
|--------------|-------|-----|--|--|---|---|-------|-----|------------------------------|-------------------------------------|----------|-----------|----------------|--|
| 行番号          | 支出の目的 | 金 額 |  |  |   |   |       | 年月日 | 支出を受けた者の氏名<br>(団体にあっては、その名称) | 支出を受けた者の住所 (団体にあっては、主たる事務<br>所の所在地) | 備考       |           |                |  |
| 1            | 寄付    |     |  |  | 9 | 0 | 1     | 4   | 0                            | 0                                   | R6/9/13  | 愛知県薬剤師連盟  | 名古屋市中区丸の内3-4-2 |  |
| 2            | 寄付    |     |  |  |   | 6 | 7     | 0   | 0                            | 0                                   | R6/10/18 | 名古屋市薬剤師連盟 | 名古屋市中区丸の内3-4-2 |  |
|              |       |     |  |  |   |   |       |     |                              |                                     |          |           |                |  |
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|              |       |     |  |  |   |   |       |     |                              |                                     |          |           |                |  |

(その15)

| (3) 政治活動費の内訳 |       |     |    |  |    | 項目別区分 |   |     |                              |                                     | 9.その他の経費 |  |    | ( 振込手数料 ) |  |
|--------------|-------|-----|----|--|----|-------|---|-----|------------------------------|-------------------------------------|----------|--|----|-----------|--|
| 行番号          | 支出の目的 | 金 額 |    |  |    |       |   | 年月日 | 支出を受けた者の氏名<br>(団体にあっては、その名称) | 支出を受けた者の住所 (団体にあっては、主たる事務<br>所の所在地) |          |  | 備考 |           |  |
| 1            |       |     | 十億 |  | 百万 |       | 千 |     | 円                            |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
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|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |
|              |       |     |    |  |    |       |   |     |                              |                                     |          |  |    |           |  |

(その17)

# 資 産 等 の 状 況

## 1 資産等の総括表

| 資 産 等 の 有 無                        |                          |                                     |     |
|------------------------------------|--------------------------|-------------------------------------|-----|
| 資 産 等 の 項 目 別 区 分                  | 有                        | 無                                   | 備 考 |
| ア 土 地                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| イ 建 物                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| ウ 建物の所有を目的とする地上権又は土地の賃借権           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| エ 取 得 の 価 額 が 100 万 円 を 超 え る 動 産  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| オ 預金（普通預金及び当座預金を除く。）又は貯金（普通貯金を除く。） | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| カ 金 銭 信 託                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| キ 有 価 証 券                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| ク 出 資 に よ る 権 利                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| ケ 貸付先ごとの残高が100万円を超える貸付金            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| コ 支払われた金額が100万円を超える敷金              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| サ 取得の価額が100万円を超える施設の利用に関する権利       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |
| シ 借入先ごとの残高が100万円を超える借入金            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |

(その20)

## 宣 誓 書

添付書類（別添のとおり）

- 1 領収書等の写し
- 2 監査意見書（政党及び政治資金団体に限る。）
- 3 政治資金監査報告書（国会議員関係政治団体に限る。）

この報告書は、政治資金規正法に従って作成したものであって、真実に相違ありません。

令和7年2月28日

政治団体の名称      愛知県薬剤師連盟天白支部

会計責任者の氏名      須川 雅之

代表者の氏名  
(解散時のみ記入)

(オンライン提出)