

(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) すぎきたかひでこうえんかい  
鈴木孝英後援会

2 主たる事務所の所在地 愛知県豊田市西広瀬町登り256番地

3 代表者の氏名 鈴木 孝英

4 会計責任者の氏名 鈴木 孝英

事務担当者の氏名 鈴木 孝英

(電話) 090-3453-5316

(電話)

(電話)

## 政治団体の区分

- ☐ 政 党  
☐ 政 党 の 支 部  
☐ 政 治 資 金 団 体
- ☐ 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  
☒ 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 豊田市議会議員(現職)

資金管理団体の届出をした者の氏名

鈴木 孝英

## 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6年1月1日から

令和6年12月31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 . . . . .         |  |  |  |  |  | 5 | 4 | 2 | 2 | 0 |
| ( 前 年 からの繰越額 ) . . . . .  |  |  |  |  |  |   |   |   |   | 0 |
| ( 本 年 の 収 入 額 ) . . . . . |  |  |  |  |  | 5 | 4 | 2 | 2 | 0 |
| 支 出 総 額 . . . . .         |  |  |  |  |  | 5 | 4 | 2 | 2 | 0 |
| 翌 年 へ の 繰 越 額 . . . . .   |  |  |  |  |  |   |   |   |   | 0 |

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 . . . . .     |  |  |  |  |  |  |  |  |  | 0              |
| 員 数 . . . . .     |  |  |  |  |  |  |  |  |  | 0 <sup>人</sup> |

|                     |  |     |  |  |   |   |     |   |   |  |
|---------------------|--|-----|--|--|---|---|-----|---|---|--|
| (2) 寄 附             |  |     |  |  |   |   |     |   |   |  |
| ア 寄附(イを除く。)の区分      |  | 金 額 |  |  |   |   | 備 考 |   |   |  |
| (7) 個 人 からの寄附       |  |     |  |  | 5 | 4 | 2   | 2 | 0 |  |
| (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 (7) + (イ) + (ウ) |  |     |  |  | 5 | 4 | 2   | 2 | 0 |  |
| (寄附のうち寄附のあっせんによるもの) |  |     |  |  |   |   |     |   | 0 |  |
| イ 政党匿名寄附            |  |     |  |  |   |   |     |   | 0 |  |
| 合 計 (ア + イ)         |  |     |  |  | 5 | 4 | 2   | 2 | 0 |  |

(7) 寄附の内訳

1.個人

| 行番号 | 寄附者の氏名（団体にあつては、その名称） | 金 額 |    |   |   |   |   | 年月日 | 住所（団体にあつては、主たる事務所の所在地） | 職業（団体にあつては、代表者の氏名） | 備考  |
|-----|----------------------|-----|----|---|---|---|---|-----|------------------------|--------------------|-----|
|     |                      | 十億  | 百万 | 千 | 円 |   |   |     |                        |                    |     |
| 1   | 鈴木孝英                 |     |    | 5 | 4 | 2 | 2 | 0   | R6/3/1                 | 愛知県豊田市西広瀬町登り256番地  | 会社員 |
|     |                      |     |    |   |   |   |   |     |                        |                    |     |
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(その13)

## 3 支出項目別金額の内訳

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

(その15)

| (3) 政治活動費の内訳 |       |     |    |   |   | 項目別区分   |                              |                                    |    |
|--------------|-------|-----|----|---|---|---------|------------------------------|------------------------------------|----|
|              |       |     |    |   |   | 1.組織活動費 |                              | (後援会活動)                            |    |
| 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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|              |       |     |    |   |   |         |                              |                                    |    |
| この頁の小計       |       |     |    |   |   |         |                              |                                    | 0  |
| その他の支出       |       |     |    |   | 1 |         | 1                            | 8                                  | 0  |
| 合 計          |       |     |    |   | 1 |         | 1                            | 8                                  | 0  |

(その15)

| (3) 政治活動費の内訳 |       |     |    |   |   | 項目別区分 |                              |                                 |  | 3.機関紙誌の発行事業費 |  | ( 後援会により発行 ) |  |
|--------------|-------|-----|----|---|---|-------|------------------------------|---------------------------------|--|--------------|--|--------------|--|
| 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1月4日

政治団体の名称      鈴木孝英後援会

会計責任者の氏名      鈴木 孝英

代表者の氏名  
(解散時のみ記入)

(オンライン提出)