**Lista osób popierających kandydata na ławnika kadencja 2024-2027 ……………………………………………………………………………….**

*Imię i nazwisko kandydata*

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| **L.P.** | **IMIĘ/IMIONA I NAZWISKO** | **PESEL** | **MIEJSCE STAŁEGO ZAMIESZKANIA**  **(kod, miejscowość, ulica)** | **WŁASNORĘCZNY PODPIS** |
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