Lista osób popierających kandydata na ławnika (kadencja 2024 – 2027)

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Imię (imiona) i nazwisko kandydata

\*pierwsza osoba wymieniona na liście jest uprawiona do składania wyjaśnień w sprawie zgłoszenia kandydata na ławnika

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| L. | Imię (imiona) i Nazwisko | Nr ewidencyjny PESEL | Miejsce stałego zamieszkania  | Własnoręczny podpis |
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