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| **ASAMBLEA DISTRITAL** | |
| **Fecha y hora de inicio:** |  |
| **Domicilio de la asamblea:** |  |
| **Distrito y municipio:** |  |
| **Responsable de la asamblea:** |  |
| **Nombre de la organización:** |  |

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| **No.** | **Clave de elector (1)** | | | | | | | | | | | | | | | | | | **Folio (2)** | | | | | | | | | | | | | **Nombre(s) (3)** | **Apellido paterno (4)** | **Apellido materno (5)** | **Domicilio (6), en su caso.** |
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| **Total de afiliados (7)** |
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