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| **ASAMBLEA DISTRITAL O MUNICIPAL** | |
| **Nombre de la organización:** |  |
| **Distrito o Municipio:** |  |
| **Domicilio donde se llevará a cabo la asamblea:** |  |
| **Responsable de la asamblea:** |  |
| **Fecha y hora de inicio:** |  |

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| **No. Consecutivo** | **Clave de elector (1)** | | | | | | | | | | | | | | | | | | **Sección Electoral (2)** | | | | **Nombre(s) (3)** | **Apellido Paterno (4)** | **Apellido Materno (4)** | **Domicilio (5)** |
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| **Total de afiliados (6)** |  |