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NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE N	NUMBER FAX NUMBER (option	nal) EMAIL (or	otional)
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TREET ADDRESS	Live Adjust CITY Designate Costs	STA	TE ZIP CODE	released trades negretary of the
	Imperial	CA		glion
OFFICE SOUGHT (FOSTTION TITLE)	AGENCY NAME	DISTRICT NUMBER, if	D 전 [조건 [보고 [] 전 조건 [10]	
City Council DEFICE JURISDICTION	City of Imperial	N/A		REFERENCE: N/A
State (Complete Part 2.)			and the same of the same of	Check one box, if applicable.) PRIMARY / GENERAL
City County Multi-County:	N/A Legaryout me ogyce a laurouc)22	
	(Name of Multi-County Juriso	diction) (Year of Election)	SPECIAL / RUNOFF
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