专项党费帮扶疫情防控一线困难党员、群众名单

基层党委、党总支名称：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位** | **姓名** | **性别** | **政治面貌** | **情况说明** | **备注** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

填表人： 审核： 报送时间：