附件1

**2023年荆门市律师事务所和律师会费缴纳金额（元）**

填报单位： 填表日期： 年 月 日

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| **名 称** | **律师总数** | **减免人数** | **减免金额** | **团体会费** | **个人会费** | **合计** |
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