



Date: 2025-08-05
First Name: Tamar
Last Name: Sautter
Title: Dr.
Organization: Self
Address: [REDACTED]
City: Livingston
State: TX
Zipcode: [REDACTED]
Phone: [REDACTED]

Affirm public info: I agree

Regarding: Congressional

Message:

I do not agree with the proposed redistricting measure.

