



Date: 2025-07-25

First Name: JOSEPH

Last Name: SCHUESSLER

Title: Dr.

Organization: Self

Address: [REDACTED]

City: Fort Worth

State: TX

Zipcode: [REDACTED]

Phone: [REDACTED]

Affirm public info: I agree

Regarding: Congressional

Message:

Please see attached.

ComputerIP: [REDACTED]