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Date: 2025-08-01  
First Name: Cheryl  
Last Name: Croft  
Title: N/A  
Organization: Self  
Address: [REDACTED]  
City: Austin  
State: TX  
Zipcode: [REDACTED]  
Phone: [REDACTED]

Affirm public info: I agree

Regarding: Congressional

Message:

I want to register my total opposition to this redistricting.

