



**Please Provide Completed Form To:**

House Select Committee on Redistricting  
[selectcommitteeonredistricting@myfloridahouse.gov](mailto:selectcommitteeonredistricting@myfloridahouse.gov)  
Mail to: Select Committee on Redistricting  
418 The Capitol  
402 South Monroe Street  
Tallahassee, FL 32399-1300

**Florida Congressional Redistricting Suggestion Form**

*By submitting this form, I acknowledge that my comments and suggestions may be displayed on [www.floridaredistricting.org](http://www.floridaredistricting.org) or other public websites maintained by the Florida Legislature.*

*Note: the entirety of this form is a public record.*

\*Field is required.

Prefix \_\_\_\_\_ \*First Name Michael \*Last Name Danish Suffix \_\_\_\_\_

Organization Name (If applicable) \_\_\_\_\_

\*Your Address 18048 Arbor Crest Drive \*City Tampa \*State Fl \*Zip 33647

Your County Hillsborough Your Email michaeljdanish@gmail.com

\*May we follow up with you if we have questions about your suggestion? NOTE: In accordance with the Florida Supreme Court’s ruling regarding political intent, answering NO may prevent your suggestion from be considered by the House.

Yes  No

\*Are you a part of any political groups or organizations that have an interest in redistricting?

Yes  No

\*If Yes, Please list them below:

\_\_\_\_\_

\*If you are submitting a comment, is your suggestion solely your own?

Yes  No

\*If you are submitting a drawn map, was the map drawn solely by you?

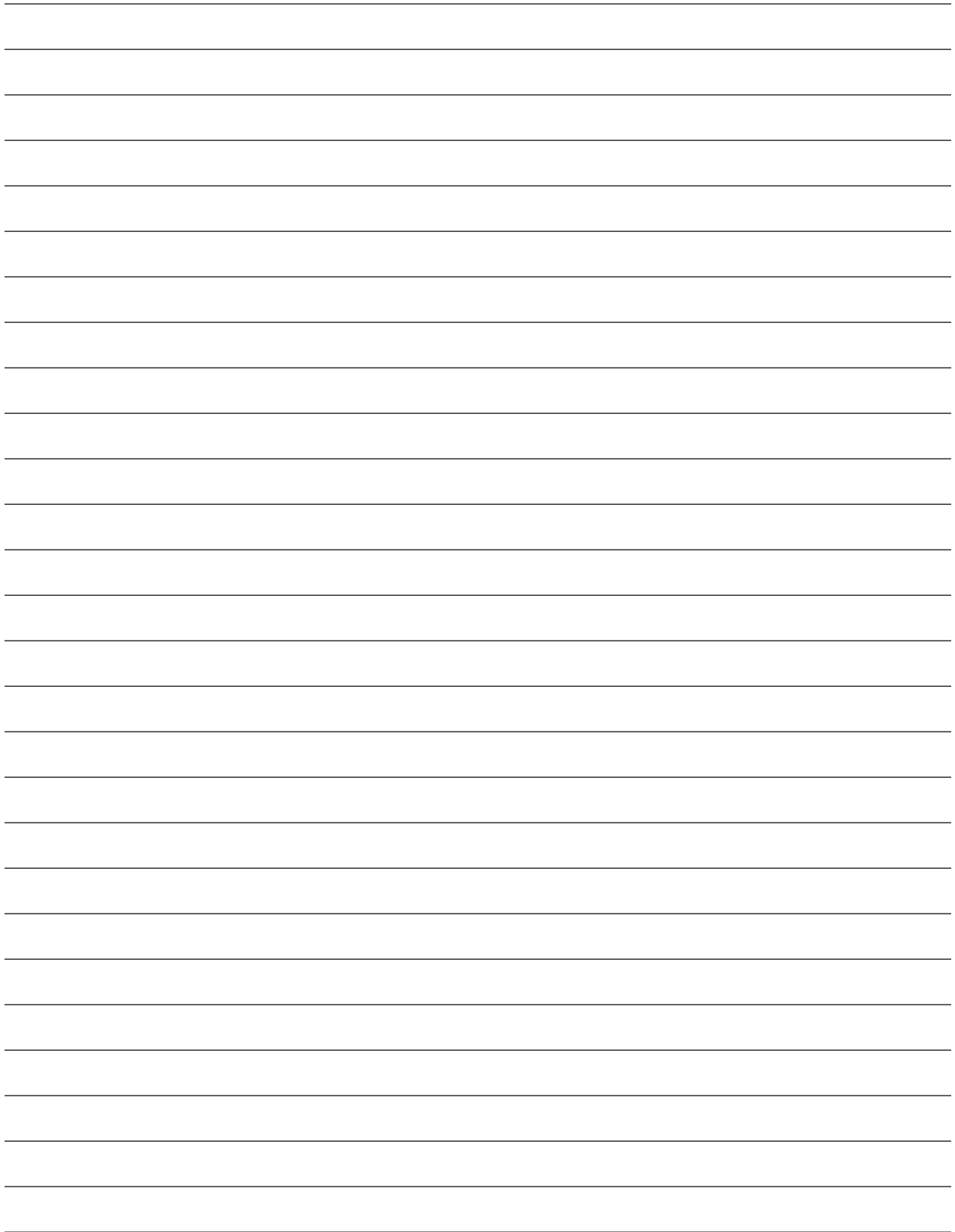
Yes  No

\*If you answered NO to either of the previous two questions, Please list the name of every person you collaborated with on your suggestion or map:

\_\_\_\_\_

**Please provide detailed comments regarding your suggestion, including why you feel your suggestion is a lawful change to the Florida Congressional District Map. Comments should be able to provide a non-partisan and incumbent-neutral justification for the proposed configuration of each district and how the proposal satisfies all of the constitutional and statutory criteria applicable to a Congressional redistricting plan.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please use the map below to demonstrate what your comments reflect. (Optional)



State of Florida