



Issue Petition - Protect Your 2nd Amendment Right

First	Last	Email*	
Address	City	Zip	Cell*
			Home
First	Last	Email*	
Address	City	Zip	Cell*
			Home
First	Last	Email*	
Address	City	Zip	Cell*
			Home
First	Last	Email*	
Address	City	Zip	Cell*
			Home
First	Last	Email*	
Address	City	Zip	Cell*
			Home

***By providing your email or mobile number you are opting in to receive messages from MNGOP.**

For Volunteer or Staff only

Event/Location	Date	Collected by	Phone
----------------	------	--------------	-------