

Return to WMSA -PO Box 11144, Kansas City, MO 64119

Western Missouri Shooters Alliance Candidate Survey

Name: _____

Date: ___/___/___

Address: _____

City _____ State ___ ZIP _____

Phone: () ___ - _____ Fax: () ___ - _____

Running for: _____ Federal ___ State ___ District ___ Party _____

Are you an incumbent in this office? Yes ___ No ___

Campaign Contact: _____ Phone: () ___ - _____

If you attach extra sheets of paper, please show the number of the question being answered.

1. State your understanding of the Second Amendment.

2.) Please list all the Second Amendment/Pro-Freedom groups you belong to, how long you have been a member and in what way you have participated and worked (other than paying dues) to protect the Second Amendment.

3.) Please give your opinion of trigger locks and safe storage.

4.) Who should be allowed to own a firearm?

5.) What restrictions do you believe should be placed on ownership and carry of firearms?

6) What restrictions should be placed on the ownership of high-capacity clips, Saturday Night Specials and Assault Rifles?

7) If you were given the ability to author three pieces of firearms related legislation, what would those three pieces be?

8) Do you support regulations that might deny people the right of concealed-carry based on disability and income levels?

9) Do you own a firearm? Yes _____ No _____ None of your business _____