

Indiana Right to Life 2022 Federal Candidate Survey

Please complete and return signed survey by March 15, 2022

CANDIDATE NAME: \_\_\_\_\_  
OFFICE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
CANDIDATE SIGNATURE: \_\_\_\_\_  
DATE COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

1. Do you oppose the new FDA regulations allowing abortion drugs to be sent by mail?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
2. Do you support a ban on all efforts to clone human embryos?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
3. Do you oppose using federal funding for embryonic stem cell research that requires the destruction of human embryos?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
4. Would you oppose any efforts to repeal or weaken the Unborn Victims of Violence Act?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
5. Do you support the overturning of Roe vs. Wade so that elected legislative bodies (the state legislatures and Congress) may once again protect unborn children by limiting and/or prohibiting abortion?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
6. Would you oppose any legislation that would weaken the Hyde Amendment and other current laws that restrict federal subsidies for abortion?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
7. Would you vote to prevent further U.S. funding of the United Nations Population Fund?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
8. Would you vote for the Child Interstate Abortion Notification Act?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE
9. Would you vote for the No Taxpayer Funding for Abortion Act?  
\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE

(OVER – MORE QUESTIONS ON OPPOSITE SIDE)

10. Would you vote for legislation that would make abortion clinics, and organizations that operate abortion clinics, ineligible for Title X funding?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

11. Would you vote for the Pain-Capable Child Protection Act?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

12. Would you support Federal law to strengthen policy against assisted suicide, including overturning the D.C. law?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

13. Do you support your political party's national platform on abortion?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

14. Will you advocate for and support the nomination to the U.S. Supreme Court of only well-qualified persons who will respect the sanctity of innocent human life, who will interpret the Constitution according to its text, and who will be willing to reconsider precedents inconsistent with the text of the Constitution?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

15. Will you vote only for party and caucus leadership that is committed to protecting innocent life from conception to natural death?

\_\_\_ YES

\_\_\_ NO

\_\_\_ UNSURE

16. Under what circumstances do you believe abortion should be legal?

- \_\_\_ A. Abortion should never be legal  
\_\_\_ B. Life of the mother only  
\_\_\_ C. Rape and/or incest  
\_\_\_ D. Other: \_\_\_\_\_  
\_\_\_ E. Abortion should be legal in all cases

NOTE: Copies of this survey will not be made available for public review. Responses will be reflected in Indiana Right to Life voter information materials.

COMMENTS: If you wish to make any additional comments you may attach as needed. Due to space limitations, comments will not be included in our voter education material and copies of comments will not be made available for public review.

IMPORTANT: Please sign to verify that the replies on this page reflect your responses:

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

HOW TO RETURN THIS SURVEY:

1. Mail : Indiana Right to Life 9465 Counselors Row Ste. 200 Indianapolis, IN 46240
2. Fax : 1-317-663-1126
3. Email: irtl@protectinglife.com