Indiana Right to Life 2022 State Candidate Survey

Please complete and return by March 1, 2022

CA	NDIDATE NAME:				
OFFICE:DISTRI			ICT:		
	NDIDATE SIGNATURE:				
	TE COMPLETED:/				
DA	YTIME PHONE: ()				
ΕN	1AIL ADDRESS:				
1.	Do you support Indiana's informed consent law requiring that women be informed, in writing, of the risks of abortion, alternatives to abortion, and fetal development (including information about fetal pain), at least 18 hours prior an abortion?				
	YES	NO	UNSURE		
	123	140	SHOOKE		
2.	Do you oppose partial birth abortion, the procedure that kills a living child during delivery?				
	YES	NO	UNSURE		
3.	Do you believe pharmacy workers should have the right to refuse dispensing drugs they believe are purposely being used to cause abortions?				
	YES	NO	UNSURE		
4.	Do you oppose physician-assisted su YES	uicide and euthanasia? NO	UNSURE		
5.	Do you oppose all efforts to clone human embryos?				
	YES	NO	UNSURE		
6.	Do you oppose fetal stem cell research that requires the destruction of human embryos?				
	YES	NO	UNSURE		
7.	Oo you oppose using taxpayer funds to pay for elective abortions, to subsidize abortion providers, or to subsidize abortion referring agencies, such as Planned Parenthood?				
	YES	NO	UNSURE		
8.	Do you support current Indiana law stating that human physical life begins when a human ovum is fertilized by a human sperm?				
	YES	NO	UNSURE		
9.	Do you support your political party's	s national platform on ak	portion?		
	YES	NO	UNSURE		

10.	o you believe abortion providers should be required to provide to the State, in writing, proof nat they have local hospital admitting privileges or have entered into a written agreement with nother physician with local hospital admitting privileges?				
	YES	NO	UNSURE		
11.	Do you believe all abortion facilities should be required to comply with all federal, state and local building regulations regarding health, safety, and ambulance access?				
	YES	NO	UNSURE		
12.		vomen from being coerced into an abortion	on?		
	YES	NO	UNSURE		
13.	Do you support state law requiring that treated as mere "medical waste"?	t aborted babies be buried or cremated, i	instead of being		
	YES	NO	UNSURE		
14.	Will you vote only for party and caucus from conception to natural death?	leadership that is committed to protecti	ng innocent life		
	YES	NO	UNSURE		
15.	Do you support laws that promote ado	ption?			
	YES	NO	UNSURE		
16.	16. Under what circumstances do you believe abortion should be legal? (Mark all that apply.)				
	A. Abortion should never be legal.				
	B. Life of the mother onlyC. Rape and/or incest				
	C. Rape and/or incest D. Other				
	E. Abortion should be legal in all cases	S			
Indiana attach	Right to Life voter information material	vailable for public review. Responses will ls. If you wish to make any additional com mments will not be included in our voter ade available for public review.	nments you may		
IMPOR [*]	TANT: Please sign to verify that the repli	es on this page reflect your responses:			
Signatu	re:	Date/			
HOW T	O RETURN THIS SURVEY:				
1	Mail : Indiana Right to Life 0465 Cour	oselors Row Ste. 200 Indiananolis IN 463	240		

1. Mail: Indiana Right to Life 9465 Counselors Row Ste. 200 Indianapolis, IN 46240

2. Fax: 317-663-1126

3. Email: irtl@protectinglife.com