## California ProLife Council

500 Capitol Mall #2350 Sacramento, CA 95814 800-924-2490

## **Candidates for State Office**

Please complete this form in its entirety and email it to <u>llehr@allstate.com</u> or fax to (707) 525-0275 by/ <b>Please note:</b> For questions that have a Yes/No answer, "Yes" indicates agreement with the California ProLife Council. We would also appreciate any statements or letters to your constituents on these issues, and any background on your campaign.	
<b>1. Statutory Protection for Unborn Children</b> <i>Roe v. Wade, Doe v. Bolton, and Planned Parenthood v. Casey</i> together mandate abortion throughout all nine months of pregnancy, with no meaningful exceptions. Do you favor any restriction on abortion? Please check one.	
No restrictions on abortion for all nine months (Planned Parenthood's position)  No restrictions prior to viability, then abortion should be disallowed	
Abortion should be allowed only to prevent the death of the mother, in cases of incest, and in cases of forcible	
rape reported to law enforcement authorities within seven days.	
Abortion should be allowed only to prevent death of the mother (CPLC position)Abortion should be disallowed in all cases Other (please explain)	
<ul> <li>2. Limitations on Abortion Would you support a law that would (check all that apply)</li> <li> prevent the use of abortion for birth contol</li> <li> prevent the use of abortion for sex selection</li> <li> prevent the use of abortion for birth defects</li> <li> require parental consent or notification for abortions on minors</li> <li> protect the lives of infants born alive during a failed abortion attempt</li> <li> require doctors to provide informed consent including information on the development of the unborn child, alternatives to abortion, and medical risks of abortion at least 24 hours before an abortion is performed</li> </ul>	
3. Abortion Funding	
Would you vote to prevent the use of tax funds for abortions other than to prevent the death of the mother? YesNo	
Would you vote to prevent the use of state facilities to perform abortions not necessary to prevent the death of the mother and to prevent state employees from performing, referring or counseling for abortions, other than those necessary to prevent the death of the mother?YeNo	
<b>4. Additional Legislation</b> Would you oppose the establishment or funding of "health clinics" or health services in publishments, unless there are explicit prohibitions against providing abortion counseling or referrals to any entity which counsels for, refers for, or does abortions?YesNo	ic

Would you oppose making it easier for no	on-doctors to perform abort	ions or prescribe ab		ed drugs to Yes	
Would you vote to prevent the use of tissu experiments?	ne and organs from delibera	•	n in transp		dical
Would you vote for a law that would prohuman individual created through this pro					of every
				Yes	No
Would you vote for laws that would require thical standards, be more accountable to		•	dult stem ce		
5. End of Life Issues					
Do you oppose euthanasia?		Yes, oppose	No, sup	port	
Do you oppose physician-assisted suicide	(voluntary euthanasia)? _	Yes, oppose _	No, su	pport	
Would you vote to prevent the use of tax f	funds for "assisting suicide	s," or "active euthar		Yes	No
Would you vote to prevent involuntary de	nial of life-saving treatmen	at by providing that	when		
1. a patient has explicitly directed life-pres 2. the treatment, food, or fluids in fact wo	_		the patient'	's life	
then the patient's doctor cannot deny it pe wishes?	•		villing to fo	llow the pa	tient's
	Yes	_No			
<b>6</b> . <b>Party Platform</b> Most political parties has platforms. For example, the Republican platforms policies. Please respond as appro-abortion policies.	latforms proclaim pro-life p	•			
As a Republican, I would vote to retain th	e pro-life planks of my par	ty's platforms:	Yes	No	
As a Democrat, I would vote to neutralize a 3rd party candidate, I would vote:	the pro-abortion planks in	my party's platforn current abortion pol-	ns:Ye icies	sNo	As
Candidate's Signature:	Da	te:			
Print or type name:					
Phone Number:					
Candidate for (name of office, district num	nber if applicable):				

Name of campaign committee, address, e-mail address, phone, and fax numbers:				