

# CANDIDATE QUESTIONNAIRE

1. The 1973 U.S. Supreme Court Roe v. Wade decision allows for abortion for any reason, even as a method of birth control, even in the late stages of pregnancy. Do you SUPPORT the reversal of this decision?  
 YES       NO
2. Do you SUPPORT a law banning partial-birth abortions?  
 YES       NO
3. Some public funds are used for abortions or abortion referrals, such as funding for Planned Parenthood. Do you OPPOSE the use of public funds (i.e. Planned Parenthood) for abortion or abortion referrals?  
 YES       NO
4. Human embryonic stem cells and human fetal tissue (obtained through non-therapeutic abortion) are used in some medical experimentation which has no beneficial effects for the fetus. Would you SUPPORT legislation that would prohibit the use of embryonic stem cells and fetal tissue research, especially when the killing of the preborn child is necessary for this type of experimentation?  
 YES       NO
5. Would you SUPPORT a law banning so-called “reproductive cloning” – cloning meant to result in the birth of a baby?  
 YES       NO
6. Knowing that the removal of stem cells from human embryos (obtained through non-therapeutic abortion) results in the death of those embryos, would you SUPPORT a law banning so-called “therapeutic cloning” (somatic cell nuclear transfer)?  
 YES       NO
7. Do you SUPPORT the Michigan statute that prohibits assisted suicide (so called “aid in dying”)?  
 YES       NO
8. Do you SUPPORT honoring the wishes of patients who want life-saving treatment (including food and water) regardless of their degree of disability, age and “quality of life”?  
 YES       NO
9. Do you SUPPORT legislation that would protect health care professionals from being forced to distribute medications or provide medical care that violates their moral or religious beliefs?  
 YES       NO
10. Are you a member of a Pro-Life organization? If Yes, in 50 words or less, on the reverse side of this questionnaire, describe your pro-life support or activities.  
 YES       NO

I understand that the information which I submit on this questionnaire will be provided as a candidate survey by Right to Life – LIFESPAN.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office Sought & District

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email** (if you wish to receive an electronic copy of LIFESPAN’s Candidate Survey or visit [www.miLIFESPAN.org](http://www.miLIFESPAN.org) and view our October 2020 Newsletter)

If Candidate Questionnaire is not received at the address below by **Wednesday September 23, 2020**, we will report **no response**.

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