

## California ProLife Council

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

### Candidates for City and County Councils, Commissions & Boards

Please complete this form in its entirety and email it to \_\_\_\_\_ or fax to (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
by \_\_/\_\_/\_\_.

**Please note:** 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.

**1. Statutory Protection for Unborn Children** *Roe v. Wade, Doe v. Bolton, and Planned Parenthood v. Casey* together mandate abortion throughout all nine months of pregnancy, with no meaningful exceptions. Do you favor any restrictions 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)

### 2. End of Life Issues

Do you oppose euthanasia? \_\_\_\_\_ Yes, oppose \_\_\_\_\_ No, support

Do you oppose physician-assisted suicide? \_\_\_\_\_ Yes, oppose \_\_\_\_\_ No, support

**3. Tax Funds Which Subsidize the Abortion Industry** Would you oppose any allocation of funds or other local subsidies (or the approval of state or federal grants) to agencies, such as Planned Parenthood and the Feminist Women's Health Centers, that perform or promote abortion, in order to avoid complicity with the abortion industry? \_\_\_\_\_ Yes \_\_\_\_\_ No

**4. New Abortion Clinics** Would you oppose the zoning and licensing of proposed new abortion facilities, or proposed expansions of existing abortion referral clinics to become actual abortion sites, provided that your opposition would be permitted within the regulatory guidelines of the approving agency? \_\_\_Yes \_\_\_No

**5. Hospital Mergers**

In a hospital merger, would you oppose attempts to force hospitals to perform or refer abortions in opposition to their religious beliefs? \_\_\_Yes \_\_\_No

**6. Community/Volunteer Experience in Relation to Life** List any activities that have demonstrated your views on the sanctity of life, e.g. affiliation with a prolife organization, public speech, support of a prolife event, letter to the editor, previous endorsement by prolife organization, etc. Continue on a separate sheet. Attach copies if applicable.

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Signature of Candidate Date

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Please print or type name

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Candidate for (name of school board, district number, if applicable)

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Name of campaign committee

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Address

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Phone number(s) E-Mail address