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## ISSUE: ABORTION

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The Georgia Life Alliance (GLA) believes that unborn children should be protected by law, and that abortion should be permitted only when necessary to prevent the death of the mother.

*For each numbered question, please indicate your answer by initialing next to the “yes” or “no” for each question.*

*NOTE, in every numbered question below, the answer “yes” indicates agreement with the position of GLA.*

### 1. Do you believe abortion should be illegal?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered “yes” to question 1, do you believe there should be an exception to laws prohibiting abortion in any of the following circumstances? (please initial all that you agree with)

(a) \_\_\_\_\_ To prevent the death of the mother.

(b) \_\_\_\_\_ In cases of rape where the rape is reported to an appropriate law enforcement agency.

(c) \_\_\_\_\_ In cases of incest where the incest is committed against a minor and it has been reported to an appropriate agency.

(d) Other: (Please initial all that you agree with or complete d.) \_\_\_\_\_

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2. In Roe v. Wade and Doe v. Bolton (1973) the U.S. Supreme Court created a “right to abortion” for any reason until “viability” (into the 6th month) and for any health reason during the final three months of pregnancy. Would you advocate for changing the Roe v. Wade and Doe v. Bolton decisions so that elected legislatures may once again protect unborn children by limiting or prohibiting abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you support Georgia’s Pain Capable Unborn Child Protection Act which was passed in 2012 and which seeks to ban abortion after 20 weeks (following fertilization)?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Would you support improving Georgia’s law by requiring a parent or guardian’s consent prior to a minor obtaining an abortion? (current law only requires parental notification)

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you support Georgia’s “Woman’s Right to Know” law which ensures women are given medically and scientifically significant information (including the risks of the abortion procedure and benefits if the woman brings the child to term) prior to obtaining an abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Would you support ensuring all doctors are required to report they have given a woman the informed consent required under the “Woman’s Right to Know” law regardless of whether the abortion was performed in an abortion clinic, hospital, or doctor’s office?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Ultrasound is the “window” to the womb. Would you support legislation to ensure any woman seeking an abortion is actively provided information regarding free ultrasounds and that any image resulting from an ultrasound must be made available for the woman to view prior to her abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Would you vote for measures to protect living human embryos from being used for experiments that would harm or kill them, including embryonic stem cell research (regardless of the method used to create the embryo)?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Would you support legislation to prohibit sex-selection abortions (where an abortion is performed to terminate a child because of the sex)?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Would you support legislation to prohibit dismemberment abortions (where the life of the fetus is terminated by dismemberment of the body)?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Would you support legislation providing information to women about perinatal hospice (which is life-affirming and compassionate care for parents facing a terminal prenatal diagnosis for their child)?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Would you oppose any attempt to weaken Georgia’s Unborn Victims of Violence Act (which recognizes that unborn children may be treated as a victim if injured or killed during the commission of a crime)?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Would you support a law prohibiting the use of taxpayer dollars to pay for abortions, except when necessary to prevent the mother’s death?

YES \_\_\_\_\_ NO \_\_\_\_\_



## 2017 GEORGIA CANDIDATE QUESTIONNAIRE

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**Signature of Candidate**

**Please print or type name**

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**State**

**District #**

**Political Party**

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**Name of campaign committee**

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**Campaign Address**

**Contact person**

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**Phone number**

**FAX number**

**Date**

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**E-mail address**

Please sign and return original questionnaire to GLA at 2451 Cumberland Pkwy, Suite 3205, Atlanta, Georgia 30339. Questionnaire must be returned to our office prior to March 15th in order to ensure processing. You may also expedite our receipt of your questionnaire by scanning it and emailing to [camila@georgialifealliance.com](mailto:camila@georgialifealliance.com).