



# 2020 Primary Election Candidate Survey

Please return by March 9, 2020

Candidate Name: SCOTT ELZEY  
Office: WELLS COUNTY COUNCIL District: AT-LARGE  
Candidate Signature: [Signature]  
Date Completed: 02/21/20 Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please note that for the purposes of this survey, treatment for a mother's life threatening illness that unintentionally results in the death of the baby is not considered an abortion.

1. Do you support Indiana's informed consent law that requires 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 to an abortion?

Yes  No  Unsure

2. Do you oppose abortions being performed on pain-capable unborn children (20 weeks post fertilization).

Yes  No  Unsure

3. Do you oppose partial birth abortion, the procedure that kills a living child during delivery?

Yes  No  Unsure

4. Do you believe that abortion providers should be required to dispose of aborted children in a humane manner, instead of treating remains as mere "medical waste?"

Yes  No  Unsure

5. Do you believe that pharmacy workers should have the right to refuse dispensing drugs that they believe are purposely being used to cause abortions?

Yes  No  Unsure

6. Do you oppose physician assisted suicide and euthanasia?

Yes  No  Unsure

7. Do you oppose all efforts to clone human embryos?

Yes  No  Unsure

8. Do you oppose fetal stem cell research that requires the destruction of human embryos?

Yes  No  Unsure

9. Are you opposed to using taxpayer funding to pay for elective abortions or to subsidize abortion providers or referral agencies, such as Planned Parenthood?

Yes  No  Unsure

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10. Do you believe that human physical life begins when a human ovum is fertilized by a human sperm?

Yes  No  Unsure

11. Do you support your political party's national platform on abortion?

Yes  No  Unsure

12. Will you vote only for party and caucus leadership that is committed to protecting innocent life from conception to natural death?

Yes  No  Unsure

13. Do you oppose any law that would require medical insurance carriers to provide abortion coverage in their standard plans?

Yes  No  Unsure

14. Do you believe that abortion providers should be required to provide to the State, in writing, proof that they have local hospital admitting privileges or have entered into a written agreement with another physician with local hospital admitting privileges?

Yes  No  Unsure

15. Do you believe that all abortion facilities should be required to comply with all building regulations regarding health, safety, and access?

Yes  No  Unsure

16. Do you support laws that promote adoption?

Yes  No  Unsure

17. Do you oppose legislation that would eliminate current state laws that regulate abortion?

Yes  No  Unsure

18. Under what circumstances do you believe abortion should be legal? *Treatment for a mother's life threatening illness that unintentionally results in the death of the baby is not considered an abortion for the purposes of this survey.* (Mark all that apply.)

- A. Abortion should never be legal.
- B. Rape and/or incest.
- C. If the child is determined to have a mental or physical disability or for sex selection.
- D. Abortion should be legal in all cases.

19. Will you commit to support legislation and existing laws that reflect your positions indicated in questions 1-18, above?

Yes  No  Unsure

Please sign to verify that the replies on this page reflect your responses:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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20. To help us better understand your pro-life position could you please tell us why you consider yourself to be pro-life, if you have pro-life qualifications that would be helpful for us to know and how you plan to use your elected position to support life.

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Your response to #20 will be used by the Right to Life of Northeast Indiana PAC to help determine endorsements, will be available to individuals on request and will be posted on our website, but will not be published in our voter education material because of space limitations.

Please sign to verify that the replies on this page reflect your responses:

 \_\_\_\_\_ Date: 02/22/20

Thank you for your cooperation. If you have any questions about this survey, please contact our office prior to your submission.  
Please return by March 9, 2020  
Right to Life of Northeast Indiana PAC  
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