

2020 Primary Election Candidate Survey

Please return by March 9, 2020

Candidate Name: MATT LEHMAN
<i>n</i> 0-00
Office: STATE REPRESENTATIVE District: 79
Candidate Signature:
Date Completed: 2 / 23 / 20 Daytime Phone: (260) 525 - 2804
Email Address: Matte bixler insurance.com
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?
✓ YesNoUnsure
2. Do you oppose abortions being performed on pain-capable unborn children (20 weeks post fertilization).
YesNoUnsure
3. Do you oppose partial birth abortion, the procedure that kills a living child during delivery? YesNoUnsure
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?"
YesNoUnsure
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?
YesNoUnsure
6. Do you oppose physician assisted suicide and euthanasia?
YesNoUnsure
7. Do you oppose all efforts to clone human embryos?
YesNoUnsure
8. Do you oppose fetal stem cell research that requires the destruction of human embryos?
YesNoUnsure
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?
YesNoUnsure
- OVER -



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10. Do you believe that human physical life begins when a human ovum is fertilized by a human sperm?
YesNoUnsure
11. De you support your political party's national platform on abortion?
YesNoUnsure
12. Will you vote only for party and caucus leadership that is committed to protecting innocent life from conception to natural death?
YesNoUnsure
13. Do you oppose any law that would require medical insurance carriers to provide abortion coverage in their standard plans?
YesNoUnsure
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?
YesNoUnsure
15. Do you believe that all abortion facilities should be required to comply with all building regulations regarding health, safety, and access?
YesNoUnsure
16. Do you support laws that promote adoption?
YesNoUnsure
17. Do you oppose legislation that would eliminate current state laws that regulate abortion?
YesNoUnsure
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.)
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
Pleade Aign to verify that the replies on this page reflect your responses:



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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

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Pleast sign to voti	fy that the repli	es on this pag	ge reflect you	r responses:	_ Date: _3	<u>,23,20</u>
Thank you for you office prior to you	r cooperation. If r submission.	you have an	y questions a	bout this surv	ey, please co	entact our

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Right to Life of Northeast Indiana PAC

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