European Journal of Political Research (2026), 1–11

CAMBRIDGE UNIVERSITY PRESS

RESEARCH ARTICLE

A. Appendix: Descriptives, Manipulation Checks and Robustness Checks

Table A1. Distribution of socio-demographics within sample population and intended distribution according to applied quotas

	Sample (n=3,500)	*Quota*
	%	*%*
Gender		
... Male	*49.5*	*50.0*
... Female	*51.5*	*50.0*
	100.0	*100.0*
Age group		
... 18-29	*21.1*	*21.0*
... 30-39	*18.0*	*18.0*
... 40-49	*15.9*	*16.0*
... 50-59	*21.4*	*21.0*
... 60-64	*10.0*	*10.0*
... 65 and older	*13.7*	*14.0*
	100.0	*100.0*
Primary residence (state)		
... Baden-Württemberg	*13.1*	*13.0*
... Bavaria	*16.1*	*16.0*
... Berlin	*4.0*	*4.0*
... Brandenburg	*3.0*	*3.0*
... Bremen	*1.0*	*1.0*
... Hamburg	*2.0*	*2.0*
... Hesse	*7.0*	*7.0*
... Mecklenburg-Vorpom.	*2.0*	*2.0*
... Lower-Saxony	*10.1*	*10.0*
... North Rhine-Westphalia	*21.8*	*22.0*
... Rhineland-Palatinate	*5.1*	*5.0*
... Saarland	*1.0*	*1.0*
... Saxony	*5.1*	*5.0*
... Saxony-Anhalt	*2.0*	*2.0*
... Schleswig-Holstein	*3.9*	*4.0*
... Thuringia	*2.8*	*3.0*
	100.0	*100.0*
Education		
... Low level	*30.0*	*30.0*
... Intermediate level	*31.1*	*31.0*
... High level	*39.0*	*39.0*
	100.0	*100.0*

Note: Quotas provided by Bilendi.

Table A2. Moderating Variables

Group membership	
Parents	*"Do you have children of your own living in your household and if so, how many and how old are they?" (answers: yes/no and age) and/or "Do you have children of your own who do not live in your household and who are still studying (higher education) or doing voluntary service? If so, how many and how old are they?" (answers: yes/no and age)*
	*Respondents are coded as **parents** if they answer "Yes" to at least one question and if their children are 25 or younger (the age limit for child benefits).*
Pensioners	*"Which of the following options best describes your occupational situation?" (answers: employed full-time or part-time; marginally employed, 520 Euro job, mini job; self-employed/freelancer; unemployed; retired; in education, student; homemaker; other (specify))*
	*Respondents are coded as **pensioners** if they choose "retired".*
Rural Residents	*"Which of the following categories best describes where you live?" (answers: big city; edge or suburbs of a big city; medium town; small town; rural village; isolated farmhouse or standalone house in the countryside) and "Is your municipality located in the metropolitan area of a "big city"? A big city is a city of 100,000 or more inhabitants." (answers: yes/no)*
	*Respondents are coded as **rural residents** if they answer "rural village" or "isolated farmhouse or standalone house in the countryside" or "medium town" or "small town" and "no" to the second question.*
Group identification	
	"We all have different ideas about which social groups make up our society, and we can all belong to multiple different groups. To what extent do you feel you belong or not belong to the following groups?" ...rural residents, ...parents, ... pensioners (answers: do not belong at all; rather not belong; rather belong; very much belong; don't know)
Deservingness perceptions	
	"To what extent do you think the government should take into account the needs of the following groups? Please use a scale from -5 to +5, where -5 means the needs of the group should be much less considered and +5 much more considered." ...rural residents, ...parents, ... pensioners

Table A3. Descriptives: Group membership, identification, and deservingness

	Group member	***Group identification***	***Deservingness***
Parents	*31%*	*58%*	*57%*
Pensioners	*21%*	*33%*	*62%*
Rural People	*52%*	*56%*	*53%*

Note: **Group member** indicates the proportion of respondents identified as members of each group based on socio-demographic items (measured as a binary variable). **Group identification** reflects the percentage of respondents who feel "rather" or "very much" belonging to the group—based on an ordinal scale with four values recoded into a dummy. **Deservingness** is rated on a scale from -5 (least deserving) to +5 (most deserving), with the arithmetic mean and standard deviation reported for each group (see Table A2 for the item wording).

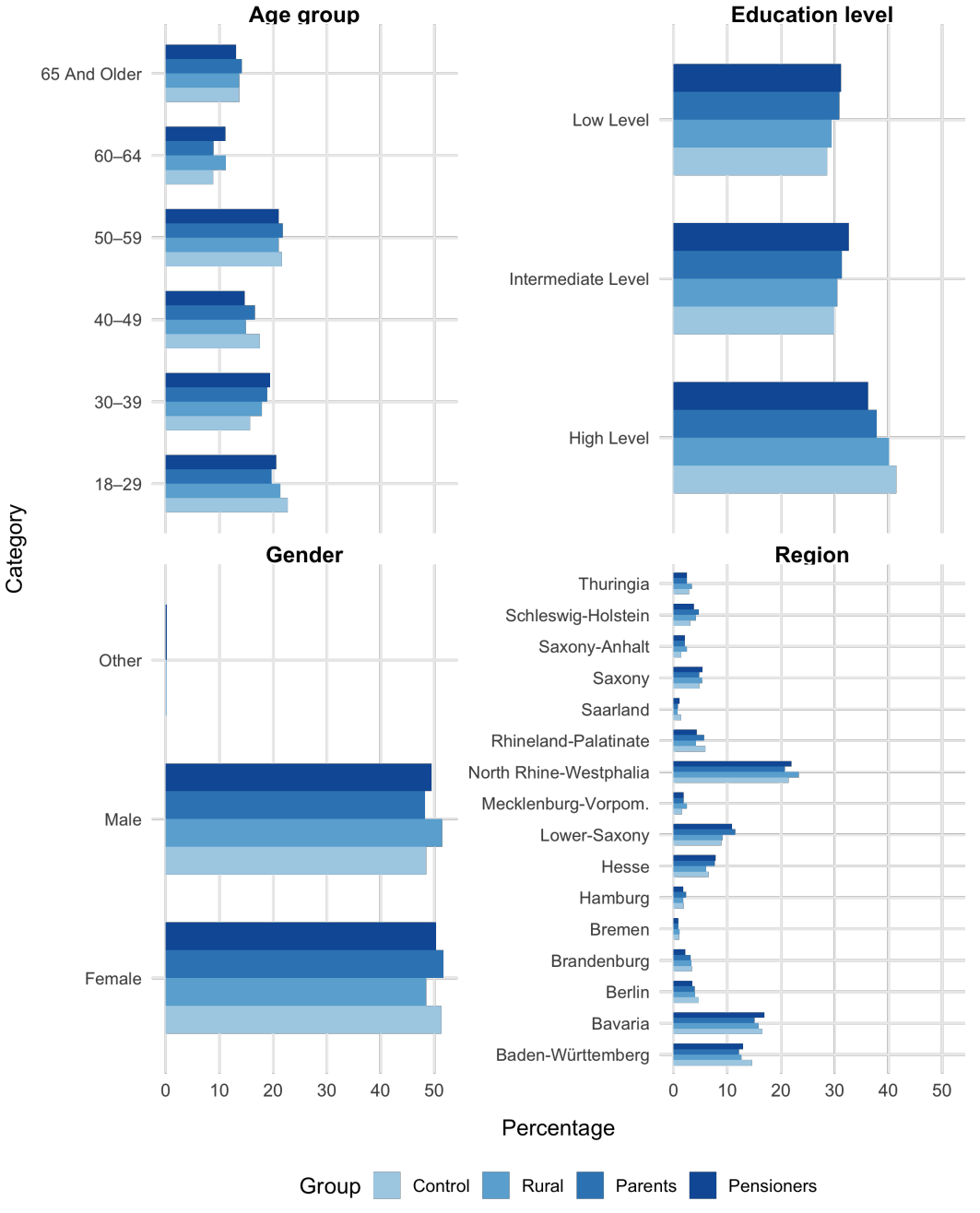

Figure A1. Balance check across treatment groups

Note: This figure displays the distribution of key sociodemographic variables—gender, age group, education level, and region—across the four experimental groups. The aim is to visually assess the success of randomization in creating balanced groups. Percentages are calculated within each group and may not sum to 100 due to rounding.

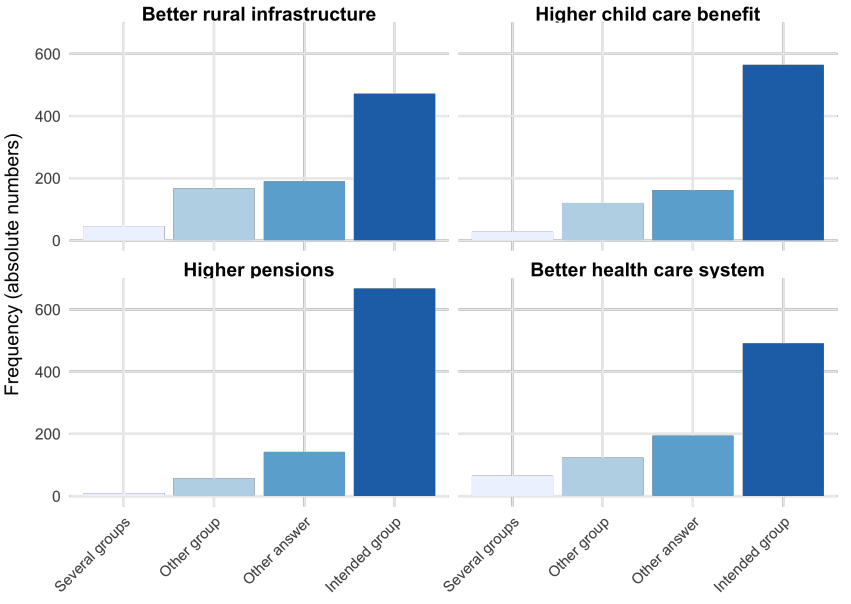

Figure A2. Open question: Main beneficiary of Party A's policy proposal

Note: This figure presents the absolute number of respondents answering with the intended group, several groups, or another group in the open question, or give an answer unrelated to the question. The item wording reads as follows: "Who primarily benefits from the fulfilment of Party A's promise?".

Table A4. Share of respondents who feel personally affected by the pledge (in %)

	Not affected or negatively affected	*Positively affected*
Control (healthcare)	*25.1*	*74.9*
Rural infrastructure	*43.6*	*56.4*
Child benefits	*66.2*	*33.8*
Pensions	*41.9*	*58.1*

Note: Personal affectedness is measured based on the item: "How positively or negatively would *[policy shown on the treatment poster]* affect you personally, regardless of whether you would support such a measure?" The response scale ranges from 1 ("very negatively affected") to 7 ("very positively affected"), with 4 indicating "not affected". For the analysis, this variable is recoded into a binary indicator equal to 1 if respondents report feeling positively affected by the measure (values 5 to 7), and 0 otherwise (values 1 to 4).

Table A5. Effective sample sizes underlying the analyses in Figure A9

Treatment	*Salience ratio*	*Model*	*N*
Rural	*Target ≥ Health*	*Full sample*	*829*
Rural	*Target ≥ Health*	*Group member (1)*	*625*
Rural	*Target ≥ Health*	*Group member (0)*	*604*
Rural	*Target ≥ Health*	*Group identity (1)*	*648*
Rural	*Target ≥ Health*	*Group identity (0)*	*573*
Rural	*Target ≥ Health*	*Deservingness (1)*	*633*
Rural	*Target ≥ Health*	*Deservingness (0)*	*595*
Parents	*Target ≥ Health*	*Full sample*	*911*
Parents	*Target ≥ Health*	*Group member (1)*	*638*
Parents	*Target ≥ Health*	*Group member (0)*	*730*
Parents	*Target ≥ Health*	*Group identity (1)*	*751*
Parents	*Target ≥ Health*	*Group identity (0)*	*615*
Parents	*Target ≥ Health*	*Deservingness (1)*	*730*
Parents	*Target ≥ Health*	*Deservingness (0)*	*631*
Pensioners	*Target ≥ Health*	*Full sample*	*1158*
Pensioners	*Target ≥ Health*	*Group member (1)*	*695*
Pensioners	*Target ≥ Health*	*Group member (0)*	*1021*
Pensioners	*Target ≥ Health*	*Group identity (1)*	*776*
Pensioners	*Target ≥ Health*	*Group identity (0)*	*938*
Pensioners	*Target ≥ Health*	*Deservingness (1)*	*940*
Pensioners	*Target ≥ Health*	*Deservingness (0)*	*772*
Rural	*Health > Target*	*Full sample*	*692*
Rural	*Health > Target*	*Group member (1)*	*530*
Rural	*Health > Target*	*Group member (0)*	*519*
Rural	*Health > Target*	*Group identity (1)*	*548*
Rural	*Health > Target*	*Group identity (0)*	*499*
Rural	*Health > Target*	*Deservingness (1)*	*528*
Rural	*Health > Target*	*Deservingness (0)*	*516*
Parents	*Health > Target*	*Full sample*	*604*
Parents	*Health > Target*	*Group member (1)*	*359*
Parents	*Health > Target*	*Group member (0)*	*543*
Parents	*Health > Target*	*Group identity (1)*	*431*
Parents	*Health > Target*	*Group identity (0)*	*470*
Parents	*Health > Target*	*Deservingness (1)*	*446*
Parents	*Health > Target*	*Deservingness (0)*	*453*
Pensioners	*Health > Target*	*Full sample*	*398*
Pensioners	*Health > Target*	*Group member (1)*	*239*
Pensioners	*Health > Target*	*Group member (0)*	*360*
Pensioners	*Health > Target*	*Group identity (1)*	*256*
Pensioners	*Health > Target*	*Group identity (0)*	*341*
Pensioners	*Health > Target*	*Deservingness (1)*	*315*
Pensioners	*Health > Target*	*Deservingness (0)*	*282*

Note: The table reports the effective sample sizes for all models shown in Figure A9. Differences in *N* reflect that models are estimated for different subsets of respondents, defined both by the relative importance attributed to the targeted policy area versus health and by specific respondent subgroups.

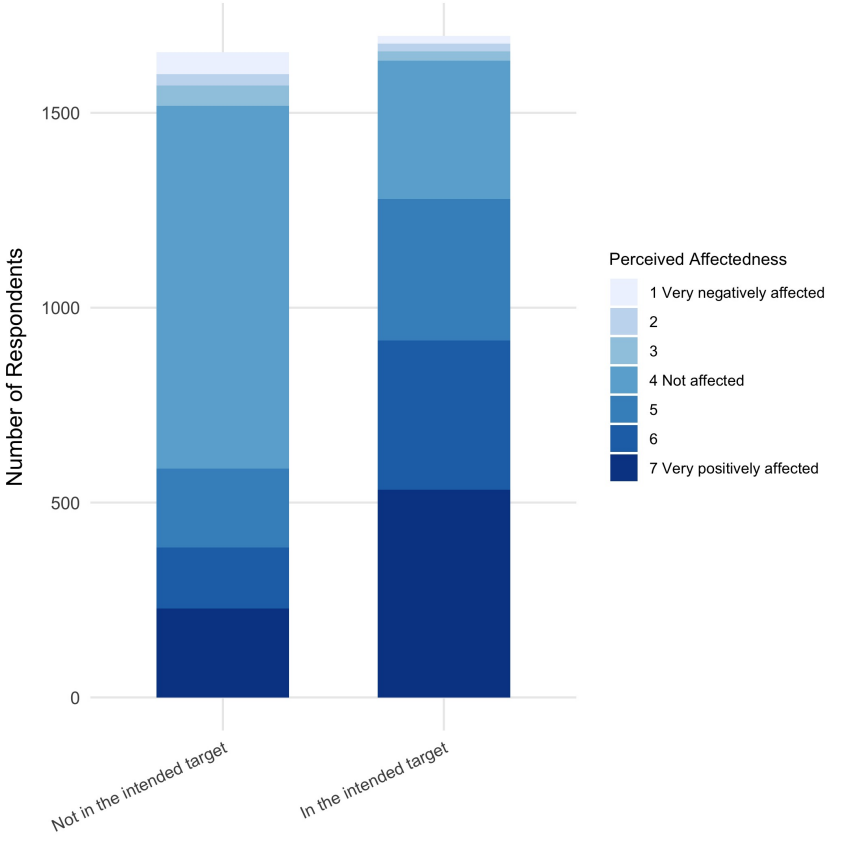

Figure A3. Match between intended targeting and perception of being personally affected

Note: This figure displays the number of respondents reporting different degrees of perceived affectedness by a policy pledge, separately for those who were and were not in the intended target group. Targeting is determined based on treatment assignment and group membership. Perceived affectedness is measured on a 7-point scale ranging from (1) "very negatively affected" to (7) "very positively affected", with (4) indicating "not affected".

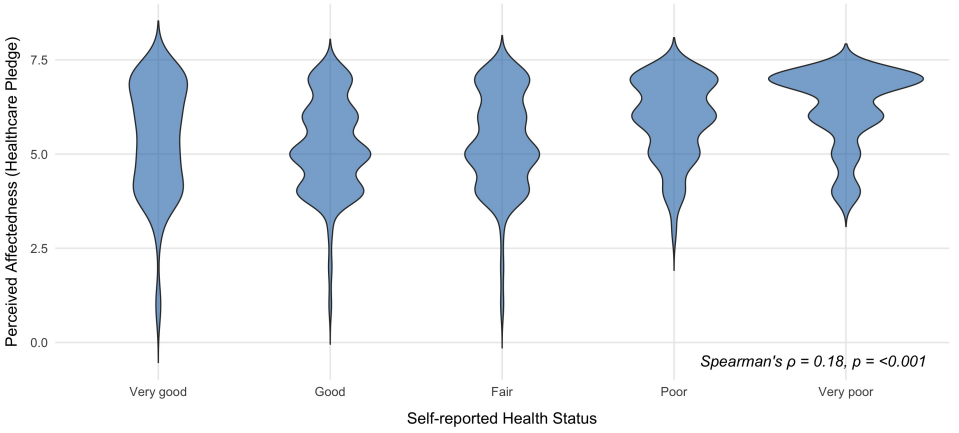

Figure A4. Extent to which respondents feel affected by the healthcare pledge, by self-declared health condition

Note: Violin plots display the distribution of responses on a 7-point scale from "very negatively affected" (1) to "very positively affected" (7). Wider sections indicate higher response density. A Spearman correlation between health condition and perceived affectedness yields $\rho = 0.18$, $p < 0.001$, indicating a statistically significant but weak positive association.

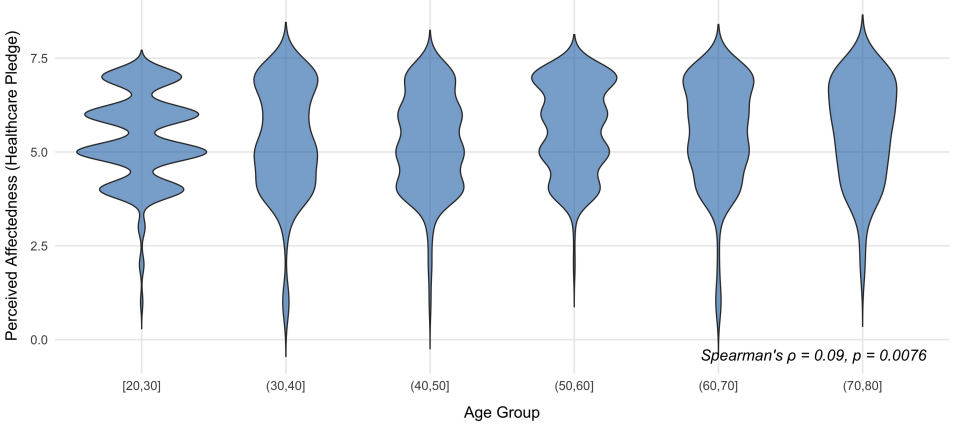

Figure A5. Extent to which respondents feel affected by the healthcare pledge, by age

Note: Violin plots display the distribution of responses on a 7-point scale. A Spearman correlation between age and perceived affectedness yields $\rho = 0.09$, $p < 0.01$, indicating a statistically significant but negligible association.

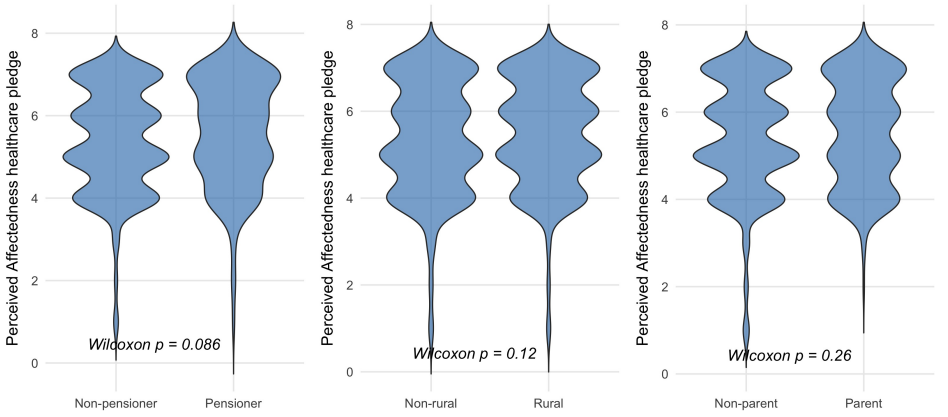

Figure A6. Extent to which respondents feel affected by the healthcare pledge, by group

Note: Violin plots show response distributions by group. Wilcoxon rank-sum tests indicate no statistically significant differences in perceived affectedness between pensioners and non-pensioners, rural and non-rural residents, or parents and non-parents. These results support the interpretation of the healthcare pledge as broadly relevant across subgroups.

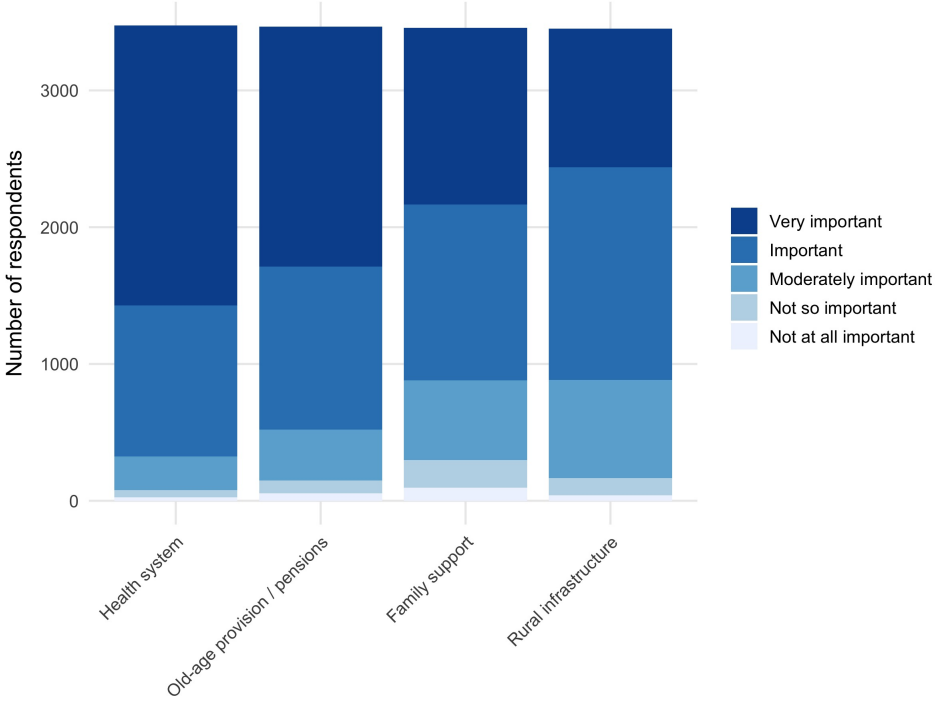

Figure A7. Perceived issue importance

Note: Stacked bars show the distribution of responses on a 5-point importance scale (1 = not at all important, 5 = very important) for four policy domains. The health system registers the largest share of 'very important' responses, with old-age provision close behind; family support and rural infrastructure are somewhat more evenly spread across 'important' and 'moderately important'.

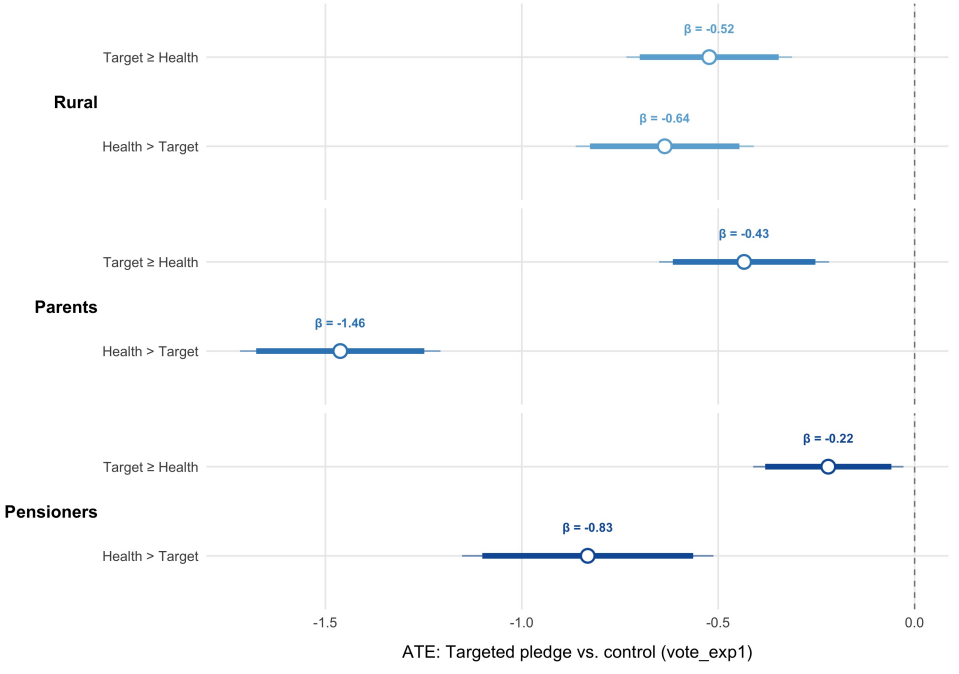

Figure A8. Treatment effects by relative issue salience

Note: The figure replicates the average treatment effects shown in Figure **??**, disaggregated by the relative importance attributed by respondents to issues. Estimates are based on linear models with the control group as reference. Coefficients indicate the average difference in propensity to vote compared to the control group. Across subgroups, targeted pledges do not outperform the broad-based health pledge, even among respondents who consider the corresponding issue domain at least as important as health. The absence of significant positive effects in these strata suggests that differences in policy salience alone do not account for the lower support observed for targeted appeals.

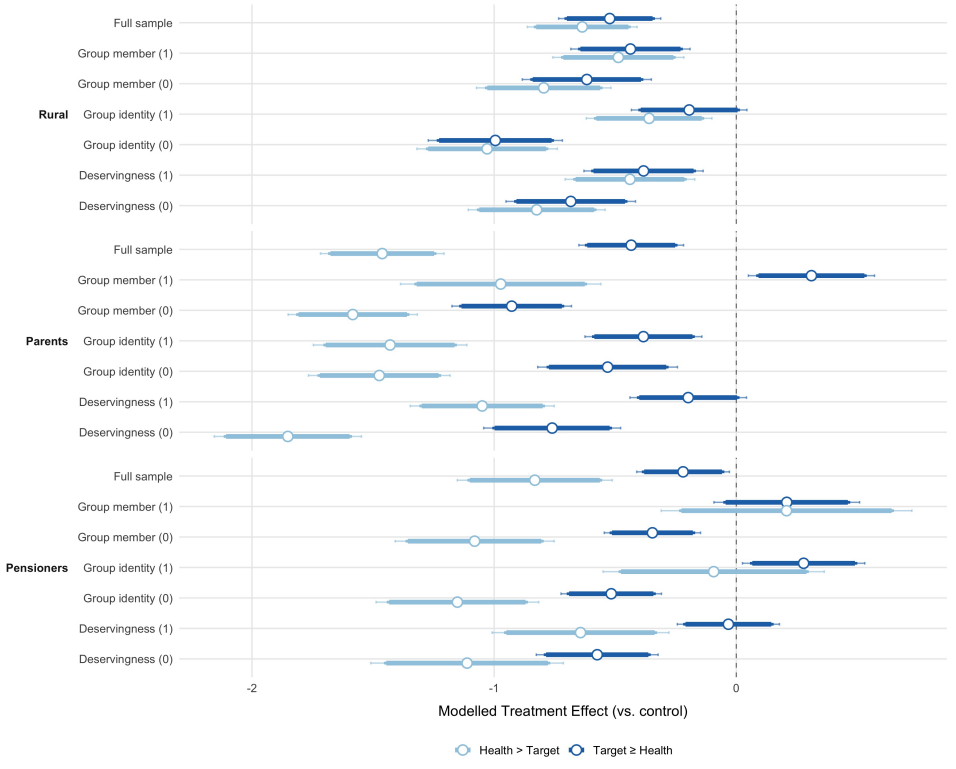

Figure A9. Treatment effect of targeting, by group and treatment — split depending on issue importance

Note: The figure replicates the heterogeneous treatment effects reported in Figure **??**, separating respondents according to whether the targeted issue is rated at least as important as health ("Target ≥ Health") or health is rated as more important than the targeted issue ("Health > Target") in perceived importance. Estimates are based on linear models with the control group as reference. Coefficients indicate the average difference in propensity to vote compared to the control group. As shown by the sample sizes reported in Table A5, dividing the data into treatment-by-salience strata and respondent subgroups yields relatively small Ns in some specifications. These analyses should therefore be interpreted as exploratory robustness checks rather than as definitive tests. Within these limits, the results suggest that higher salience of the targeted domain may attenuate the negative effects observed in the main analysis, but they do not provide consistent evidence of electoral rewards for targeting, even among respondents who rate the targeted policy area as at least as important as health. Differences in vote reactions therefore do not appear to be reducible to issue salience.

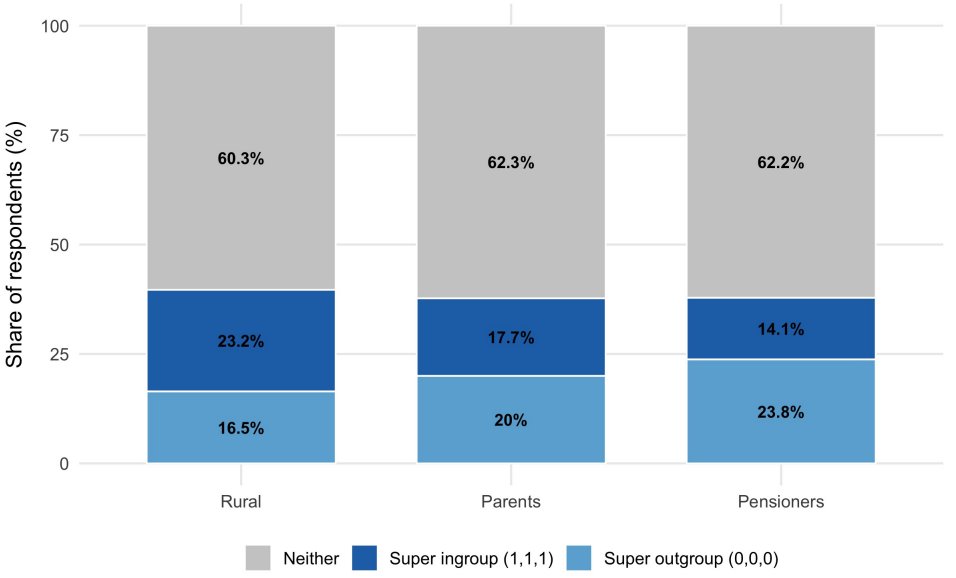

Figure A10. Distribution of super-ingroup and super-outgroup respondents by treatment

Note: Bars show the distribution of respondents in the "super-ingroup" $(1, 1, 1)$, "super-outgroup" $(0, 0, 0)$, and neither category within each treatment group. The super in-group includes individuals who are members of the targeted group, identify with it, and perceive it as deserving; the super out-group comprises those who are neither members nor identifiers and who deem the group undeserving. In all treatments, roughly 15–25% of respondents fall into each of the extreme categories.