Covered Organization Donor Disclosure

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{	NOE:	Elections Division	rev 01/2020 ORS 260.281

Initial Filing _	Amendment to Initial Fili	ng Update	d Filing Ame	ndment to Updated Filing			
Covered Organizat	ion Information						
Organization Name (if	different than before, inclu	de the former nan	ne)				
Drug Policy Action							
Address							
Street Address or PO E	Box		City	State	Zip		
131 West 33rd Stre	et, 15th Floor	N	lew York	NY	10001		
Phone		E	Extension				
(212) 613-8043							
Authorized Repres	entative						
First	MI	Last		Suffix	Title		
Ellen		Flenniken					
Role of Authorized Re	presentative						
		Managing Direc	tor, Development		+		
Mailing Address							
Street Address or PO E	Box		City	State	Zip		
131 West 33rd Str	eet, 15th Floor	N	New York NY		10001		
Contact Information							
Work Phone Mobile Phone			ax	Email			
(212) 613-8043 (979) 421-3699			eflenniken@drugpolicy.org				
Deneties Diselector							
Donation Disclosur							
	nreshold Met: 9/10/2020						
	cal Committee: Measure	e 110					
Date*	Donor Name		Donor Address		Amount**		
9/30/2020	Action Now Initiative, LLC		1717 West Loop Sou	1717 West Loop South Suite 1800, Houston, TX 77027			
9/30/2020 Susan Pritzker		tzker	1 Letterman Dr., C4-420, San Francisco, CA 94		\$150,000.00		

Authorized Representative's Attestation

By signing this document, I acknowledge that I am an authorized representative of the organization named, I am personally liable for any penalties imposed under ORS Chapter 260, and I attest that the information on this form is true and correct.

Authorized Representative's Signature

Date

^{*}The date the organization received a single donation of \$10,000 or more or the date a donor's total donations reached \$10,000, whichever occurs first

^{**}When disclosing a donation from a donor that has been previously reported, report the updated amount