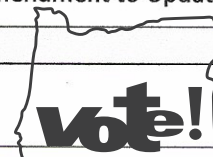


Covered Organization Donor Disclosure

SEL 240

rev 01/2020
ORS 260.281

Initial Filing Amendment to Initial Filing Updated Filing Amendment to Updated Filing



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Covered Organization Information			
Organization Name (if different than before, include the former name)			
Drug Policy Action			
Address			
Street Address or PO Box	City	State	Zip
131 West 33rd Street, 15th Floor	New York	NY	10001
Phone	Extension		
(212) 613-8043			

Authorized Representative				
First	MI	Last	Suffix	Title
Ellen		Flenniken		
Role of Authorized Representative				
Managing Director, Development				
Mailing Address				
Street Address or PO Box	City	State	Zip	
131 West 33rd Street, 15th Floor	New York	NY	10001	
Contact Information				
Work Phone	Mobile Phone	Fax	Email	
(212) 613-8043	(979) 421-3699		eflenniken@drugpolicy.org	

Donation Disclosures			
Date Electioneering Threshold Met: 9/10/2020			
Office/Measure/Political Committee: Initiative Petition 44 / Yes on 110			
Date*	Donor Name	Donor Address	Amount**
12/23/2019	Phil Harvey	8008 Riverside Dr., Cabin John, MD 20818	\$200,000.00
1/8/2020	Susan Pritzker	1 Letterman Dr. C4-420, San Francisco, CA 94129	\$100,000.00
1/13/2020	RiverPsykhe Inc.	849 Almar Avenue, Suite C #475, Santa Cruz, CA 95060	\$250,000.00
2/19/2020	Carey Turnbull	15 East Putnam Ave, Greenwich CT 06830	\$5,000.00
3/3/2020	Action Now Initiative, LLC	1717 West Loop South Suite 1800, Houston, TX 77027	\$250,000.00
4/2/2020	Open Society Policy Center	1730 Pennsylvania Avenue NW, 7th Floor, Washington, D.C. 20006	\$1,000,000.00
5/14/2020	New Approach PAC	PO Box 33601, Washington, DC 20033	\$100,000.00
6/23/2020	Action Now Initiative, LLC	1717 West Loop South Suite 1800, Houston, TX 77027	\$250,000.00

*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

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.	
	9/11/2020

Authorized Representative's Signature

Date

Donation Disclosures			
Date Electioneering Threshold Met: 9/10/2020			
Office/Measure/Political Committee:			
Date*	Donor Name	Donor Address	Amount**
7/14/2020	Karen Swift	126 SE 52 nd Ave, Portland, OR 97215	\$10,000.00
8/24/2020	New Approach PAC	PO Box 33601, Washington, DC 20033	\$550,000.00
9/2/2020	Stacy Schusterman	PO Box 699, Tulsa, OK 74101	\$500,000.00



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