

Covered Organization Donor Disclosure



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Elections Division rev 01/2020
 ORS 260.281

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

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: Measure 110

Date*	Donor Name	Donor Address	Amount**
10/9/2020	Heising-Simons Action Fund	400 Main Street, Suite 160, Los Altos, CA 94022	\$150,000.00

*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.

10/15/20

Authorized Representative's Signature

Date