Covered Organization Donor Disclosure

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Elections Division

Amendment to Updated Filing

rev 01/2020 ORS 260.281

☐ Initial Filing	Amendment to Initial Filing	g Updated Fil	ing Amendme	nt to Updated Filing	ONS 200.20.
Covered Organiza	ation Information				
Organization Name	(if different than before, include	e the former name)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Drug Policy Action	1				
Address					
Street Address or PO Box				State	Zip
131 West 33rd Street, 15th Floor			York	NY	10001
Phone		Exter	nsion		
(212) 613-8043					
Authorized Repre	sentative				
First	MI	Last		Suffix	Title
Ellen		Flenniken			words and the second se
Role of Authorized	representative			**************************************	
	<u> </u>	Managing Director,	Development		
Mailing Address					
Street Address or PC		City		State	Zip
131 West 33rd Street, 15th Floor			York	NY	10001
Contact Information		T.	Т	e 1	
Work Phone	Mobile Phone	Fax	Fax		
(212) 613-8043	(979) 421-3699			eilenniken@arugt	olicy.org
Donation Disclos	ures			,	
Date Electioneering	Threshold Met: 9/10/2020				
Office/Measure/Po	litical Committee: Measure	110			
Date*	Donor Nam		Donor Address Amount**		
10/21/2020	Rockefeller Philanthropy Advisors				\$250,000.00
10/26/2020	New Approach PAC		P.O. Box 33601, Washington, DC 20033		\$350,000.00
10/27/2020					· · · · · · · · · · · · · · · · · · ·
10/21/2020	Open Society Policy Center		1730 Pennsylvania Avenue, NW, 7th Floor, Washington, DC 20006		\$250,000.00
*The date the organizat	ion received a single donation of \$10,	000 or more or the date	a donor's total donations	reached \$10,000, whiches	ver occurs first
	nation from a donor that has been pre			reached \$10,000, whiche	rei occurs ilist
	esentative's Attestation	, , , ,			
By signing this docu	ıment, I acknowledge that I ar	m an authorized rep	resentative of the org	anization named, I d	m personally liable
for any penalties in	posed under ORS Chapter 260), and I attest that t	he information on thi	s form is true and co	rrect.
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