

Measure 5-289

Assigned 9/8/2022

Notice of Measure Election City

November 8, 2022 General Election

SEL 802

IRS 250 035, 250 041,
IRS, 254 095, 254 465

Notice

Date of Notice
09/02/2022

Name of City or Cities
City of Clatskanie OR

Date of Election
11/08/2022

Final Ballot Title The following is the final ballot title of the measure to be submitted to the city's voters. The ballot title notice has been published and the ballot title challenge process has been completed.

Caption 10 words which reasonably identifies the subject of the measure.

Prohibits psilocybin- related businesses within Clatskanie for 2 years.

Question 20 words which plainly phrases the chief purpose of the measure.

Shall Clatskanie prohibit psilocybin-related businesses within Clatskanie for 2 years?

Summary 175 words which concisely and impartially summarizes the measure and its major effect.

State law allows for the manufacturing, transportation, delivery, sale and purchase of psilocybin, the psychedelic drug found in certain mushrooms. State law provides that a local government may adopt an ordinance to be referred to the voters to prohibit the establishment of licensed psilocybin product manufacturers and/or psilocybin service centers. The City of Clatskanie City Council adopted an ordinance to refer to the voters that prohibits psilocybin-related businesses in City of Clatskanie for 2 years. A "Yes" vote would prohibit the establishment of psilocybin product manufacturers and psilocybin service centers within the city limits of the City of Clatskanie for 2 years. A "No" vote would permit the establishment of psilocybin product manufacturers and psilocybin service centers within the city limits of the City of Clatskanie.

Explanatory Statement 500 words that impartially explains the measure and its effect.

If the county is producing a voters' pamphlet an explanatory statement must be drafted and attached to this form for:

→ any measure referred by the city governing body; or
→ any initiative or referendum, if required by local ordinance.

Explanatory Statement Attached? Yes No

Authorized City Official Not required to be notarized.

Name
Marci M Moore

Title
City Recorder/Finance Manager

Mailing Address
PO Box 9, Clatskanie ,OR 97016

Contact Phone
503-728-2622

By signing this document:

→ I hereby state that I am authorized by the city to submit this Notice of Measure Election; and
→ I certify that notice of receipt of ballot title has been published and the ballot title challenge process for this measure completed.

Signature

Date Signed



9/2/2022