

4-219

# Notice of Measure Election County

SEL 801

rev 01/18: ORS 250.035, 250.041,  
250.175, 254.103, 254.465

<b>Notice</b>		
<b>Date of Notice</b> 8/26/2022	<b>Name of County or Counties</b> Clatsop County	<b>Date of Election</b> November 8, 2022

**Final Ballot Title** The following is the final ballot title of the measure to be submitted to the county'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.

Temporary ban of certain psilocybin businesses in unincorporated Clatsop County

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

Shall psilocybin manufacturers and service centers be temporarily banned in unincorporated Clatsop County for up to 2 years?

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

Psilocybin is a psychedelic drug found in certain mushrooms. State law allows for the licensed manufacturing and supervised use of psilocybin in licensed service centers.

State law provides that a city or county may adopt an ordinance to be referred to voters to prohibit the establishment of licensed psilocybin product manufacturers and/or psilocybin service centers.

The Clatsop County Board of Commissioners adopted an ordinance to refer to the voters that temporarily prohibits those psilocybin businesses in the unincorporated area of Clatsop County, in order to enable the county to consider local regulations once the state 's psilocybin regulatory program has been fully established.

If approved, this measure would approve the temporary ban in unincorporated Clatsop County. The ban will lapse on December 31, 2024, unless repealed by the Board at an earlier date.

**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 county governing body; **or**  
 → any initiative or referendum, if required by local ordinance.

**Explanatory Statement Attached?**  Yes  No

**Authorized County Official** Not required to be notarized.

<b>Name</b> Don Bohn	<b>Title</b> CountyManager
<b>Mailing Address</b> 800 Exchange St Ste 410, Astoria 97103	<b>Contact Phone</b> 503-325-1000

*By signing this document:*  
 → I hereby state that I am authorized by the county 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

8/26/22

Date Signed