

**EFFECTV POLITICAL RECORD OF REQUEST:
NATIONAL AND LOCAL ISSUE ADS**

X Ad (whether national or state/local) “communicates a political matter of national importance” by referring to (1) a legally qualified candidate for any federal office; (2) any election to federal office; or (3) any political matter of national importance, whether legislative or otherwise (e.g., immigration, IRS tax code, federal cabinet or judicial appointments, etc.)

OR

Ad relates to state or local issue and does not communicate a political matter of national importance (i.e., does not refer to a federal candidate/election, or any political matter of national importance such as immigration, IRS tax code, federal cabinet or judicial appointments, etc.)

1. Requested by (Agency name, address, phone number & contact):

Agency Name: GMMB

Contact Name: Laura Bassett

Phone Number: 202-338-8700

Address: 3050 K Street NW Suite 100 Washington DC 20007

2. Paid for by (Advertiser/sponsor name, address, phone number & contact):

Name: Guarding Against Pandemics

Contact Name: Gabriel Bankman-Fried

Phone Number: NA info@againstpandemics.org

Address: 16192 Coastal Highway, Lewes DE 19958

3. Date of request:

8/16/21

4. Request received by: Mary Kelly

5. Content of the ad: Healthcare

6. If ad refers to any federal election or federal candidate list: ALL name(s) of candidate(s) referred to, office being sought and date of election: _____

7. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise):

Healthcare

Revised 1/8/2020

COM:1066669v2

COM:1154174v1

8. If ad refers to any state or local election or candidate list: ALL name(s) of candidate(s) referred to, office being sought and date of election: _____

9. If ad refers to any state or local issues, ballot measures, or referendums, identify ALL issues addressed (legislative or otherwise): _____

10. List ALL sponsor's chief executive officers OR members of executive committee OR board of directors: _____ Gabriel Bankman-Fried _____

11. If only one name is listed on documentation provided by agency/advertiser, the AE certifies that they have made a follow-up inquiry: _____ YES

12. DMA: _____ Seattle _____, Interconnect (Y)

Zones: _____

13. Distribution Platform(s): Linear TV; _____ VOD; _____ Digital/websites/apps

14. Payment Method _____ Cash; Credit Card; _____ Check; _____ Other (if Other is selected describe payment method)

15. Date and nature of any follow-ups: _____

16. Disposition:

Accepted – see attached contract details

Rejected – provide reason: _____

17. Date of ROR completion: _____ 8/16/21 _____

18. Additional Information:

Revised 1/8/2020

COM:1066669v2
COM:1154174v1