### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080542 3 COMMITTEE NAME **OFFICE USE ONLY** Teladoc Health, Inc. Political Action Committee Date Received **ELECTRONICALLY FILED** 01/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 28 Liberty Ship Way **Suite 2815** Change of Address Sausalito, CA 94965 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Darrin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Lim CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 28 Liberty Ship Way STREET **ADDRESS** Suite 2815 (Residence or Business) Sausalito, CA 94965 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 28 Liberty Ship Way MAILING **ADDRESS Suite 2815** Change of Address Sausalito, CA 94965 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (415) 903-2800 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

### FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Teladoc Health, Inc. P	olitical Action Committee	e	0008054	42
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS  DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,016.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	168,972.87
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that th mation requi	e accompanying report is ired to be reported by me
		Mr. Da	rrin Lim	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of c	officer administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

					3 of 9
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics C	ommission Filers)
Tel	adoc H	ealth, Inc. Political Action Committee	00080542		
		E SUBTOTALS SCHEDULE		SUE	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,616.64
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	400.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		\$			
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/5 Rpt: 4/9		
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Comn	nittee		3	Filer ID (Ethics Commission 00080542	n Filers)	
4		<ul><li>5 Full name of contributor Addis, Alice</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$208.33	
8		Purchase, NY 10577 pation / Job title (See Instructions	s) !	9 Employer (See Instructions	<u> </u> ;)			
	Date 12/15/2023	Full name of contributor Addis, Alice  Contributor address; City; S	out-of-state PAC (ID#:	Teladoc Health, Inc.		Amount of Contribution (\$)	\$208.33	
		Purchase, NY 10577  pation / Job title (See Instructions  nt Management	5)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> ;)			
	Date 11/30/2023	Full name of contributor Gandhi, Rushabh Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50	
		Purchase, NY 10577 pation / Job title (See Instructions	s)	Employer (See Instructions	s)			
	Date 12/15/2023	Full name of contributor Gandhi, Rushabh Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:	Teladoc Health, Inc.		Amount of Contribution (\$)	\$62.50	
	Principal occu Head of Prod	pation / Job title (See Instructions duct	5)	Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 11/30/2023	Full name of contributor Gonzales, Jerome Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
		pation / Job title (See Instructions rint Fulfillment	5)	Employer (See Instructions Teladoc Health, Inc.	5)			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/9	
2	FILER NAME Teladoc Hea	AME Health, Inc. Political Action Committee				Filer ID (Ethics Commission 00080542	n Filers)
4	Date 12/15/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Director of P	rint Fulfillment		Teladoc Health, Inc.			
	Date 11/30/2023	Full name of contributor out-of-state I Harper, Kevin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Director, Government Affairs			Teladoc Health, Inc.		A ( O 'I' . ( A )	
	Date 12/15/2023	Full name of contributor out-of-state I Harper, Kevin Contributor address; City; State; Zip Code	PAC (ID#			Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions) vernment Affairs		Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 11/30/2023	Full name of contributor out-of-state I Matas, Alon Contributor address; City; State; Zip Code Purchase, NY 10577	-	)		Amount of Contribution (\$)	\$208.33
	Principal occu VP of Sales	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	<u>(</u>		
	Date 12/15/2023	Full name of contributor out-of-state I Matas, Alon Contributor address; City; State; Zip Code  Purchase, NY 10577	PAC (ID#:			Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP of Sales			Teladoc Health, Inc.			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>	
	The Instruc	e Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/5 Rpt: 6/9		
2	FILER NAME Teladoc Hea	E ealth, Inc. Political Action Committee				3	Filer ID (Ethics Commission 00080542	ı Filers)	
4	Date 11/30/2023	Full name of contributor     Murthy, Mala     Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$208.33	
_	Deireitad	Purchase, NY 10577		_	Faralas as (October to the state of the stat				
8	CFO	pation / Job title (See Instruction	5)	9	Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 12/15/2023	Full name of contributor Murthy, Mala Contributor address; City; S			)		Amount of Contribution (\$)	\$208.33	
	Principal occu	Purchase, NY 10577 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> ;)			
	CFO		´		Teladoc Health, Inc.	,			
	Date 11/30/2023	Full name of contributor Rancic, Heather Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577							
		pation / Job title (See Instruction atabase Systems	5)		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 12/15/2023	Full name of contributor Rancic, Heather Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00	
	•	pation / Job title (See Instruction: atabase Systems	5)		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 11/30/2023	Full name of contributor Sackrider, Susan Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00	
	•	pation / Job title (See Instruction:	6)		Employer (See Instructions Teladoc Health, Inc.	5)			
	Schol Maria	go., in operations			. Stades Ficular, IIIc.				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/5 Rpt: 7/9		
2	FILER NAME	ME Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
_			_		<u> </u>			
4	Date 12/15/2023	<ul><li>5 Full name of contributor Sackrider, Susan</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:	)	 	Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577						
8	Principal occu	pation / Job title (See Instructions)	) 9	9 Employer (See Instructions	5)			
	Senior Mana	ger, HR Operations		Teladoc Health, Inc.				
	Date 11/30/2023	Full name of contributor Spell, Sheila Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.67	
		Purchase, NY 10577						
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	s)			
	Director of C	linical Program Development		Teladoc Health, Inc.				
	Date 12/15/2023	Full name of contributor Spell, Sheila Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.67	
		Purchase, NY 10577						
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u>L</u> S)			
		linical Program Development		Teladoc Health, Inc.				
	Date 11/30/2023	Full name of contributor Turitz, Andrew M.  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.33	
	•	pation / Job title (See Instructions) Business Development		Employer (See Instructions Teladoc Health, Inc.	s)			
	Date 12/15/2023	Full name of contributor Turitz, Andrew M. Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$208.33	
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)			
	Senior VP, B	Business Development		Teladoc Health, Inc.				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>€ A1</b>
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/9	
2	FILER NAME Teladoc Hea	AME : Health, Inc. Political Action Committee			Filer ID (Ethics Commission 00080542	Filers)
4	Date 11/30/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Whipple, Laura</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$62.50
_		Purchase, NY 10577	To 5 1 10 1 1 11			
8		pation / Job title (See Instructions) ent, Global B2B Marketing	9 Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$62.50
		Purchase, NY 10577				
		pation / Job title (See Instructions) ent, Global B2B Marketing	Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Whitehead, Elizabeth  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577				
	Principal occu Assistant Co	pation / Job title (See Instructions) ontroller	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Whitehead, Elizabeth  Contributor address; City; State; Zip Code  Purchase, NY 10577	)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Assistant Co	ntroller	Teladoc Health, Inc.			

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Teladoc Health, Inc. Political Action Committee 00080542 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/25/2023 TELADOC HEALTH, INC. 400.00