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** 02/05/2024 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 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** 12/26/2023 01/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Political Action Committee	Э		00080542	,
4 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			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTOR GUARANTEES OF LOTALLY qualifies for the higher itemization.	DANS, ÒR)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUAF	RANTEES OF LOANS)	\$	2,767.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITU	JRES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTA G PERIOD	AINED AS OF THE LAST	DAY \$	171,356.18
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTST REPORTING PERIOD	ANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				L	
		true and co	affirm, under penalty of pe rrect and includes all infor 15, Election Code.		
			Mr Da	arrin Lim	
			Signature of Ca		rer
AFFIX NOTA	RY STAMP / SEAL ABOVE				
	ped before me, by the said _			his the	day
of	, 20, to certify	which, witness my hand ar	nd seal of office.		
Signature of officer	administering oath	Printed name of officer ac	Iministering oath	Title of offic	eer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 10
17 COM	имітте	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
		lealth, Inc. Political Action Committee	00080542	(,
		E SUBTOTALS		T	
		SCHEDULE		SUBTOTAL A	MOUNT
INAIV	iL Oi 、				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,433.31
2.			\$		
3.			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	334.50
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.		SCHEDULE E: LOANS		\$	
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.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	50.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Commi	ttee		3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 12/29/2023	5 Full name of contributor [Addis, Alice6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577	<u> </u>				
8		pation / Job title (See Instructions) nt Management	!	9 Employer (See Instructions Teladoc Health, Inc.	s) 		
	Date 01/12/2024	Full name of contributor Addis, Alice Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$208.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	VP of Accou	nt Management		Teladoc Health, Inc.			
	Date 12/29/2023	Full name of contributor [Gandhi, Rushabh Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$62.50
	Deinsinalassa	Purchase, NY 10577		Fundament (On a landamentina	$\overline{\Gamma}$		
	Head of Prod	pation / Job title (See Instructions) duct		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$62.50
	Principal occu Head of Prod	Purchase, NY 10577 pation / Job title (See Instructions) duct		Employer (See Instructions Teladoc Health, Inc.	<u> </u> ;)		
	Date 12/29/2023	Full name of contributor Gonzales, Jerome Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of P	rint Fulfillment		Teladoc Health, Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Commi	ttee		3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 01/12/2024	Full name of contributor Gonzales, Jerome Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
Ü		rint Fulfillment		Teladoc Health, Inc.	"		
	Date 12/29/2023	Full name of contributor [Harper, Kevin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$208.33
	Dringing Lagra	Purchase, NY 10577	т	Franks von (Cooksaturetiere	<u></u>		
		pation / Job title (See Instructions) vernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	Full name of contributor [Harper, Kevin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions) vernment Affairs		Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 12/29/2023	Full name of contributor Matas, Alon Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
	Principal occu VP of Sales	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	Full name of contributor May, Mercer Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10	
2	FILER NAME Teladoc Hea	alth, Inc. Political Action Comr	nittee			3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 12/29/2023	5 Full name of contributor Murthy, Mala6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$208.33
_	5	Purchase, NY 10577			(O)			
8	CFO	pation / Job title (See Instruction:	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	Full name of contributor Murthy, Mala Contributor address; City; S)	•	Amount of Contribution (\$)	\$208.33
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	CFO				Teladoc Health, Inc.			
	Date 12/29/2023	Full name of contributor Rancic, Heather Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577						
		pation / Job title (See Instructions patabase Systems	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	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 Instructions patabase Systems	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 12/29/2023	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 Instructions	5)		Employer (See Instructions	5)		
	Senior Maria	ager, HR Operations			Teladoc Health, Inc.			

	MONEI	ARY POLITICAL CONTR	RIBUTION	N 5		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10	
2	FILER NAME Teladoc Hea	FILER NAME Teladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 01/12/2024	Sackrider, Susan			7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Purchase, NY 10577			Ĺ		
8	•	pation / Job title (See Instructions) ger, HR Operations	9	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 12/29/2023	Spell, Sheila Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$41.67
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director of C	linical Program Development		Teladoc Health, Inc.			
	Date 01/12/2024	Spell, Sheila	state PAC (ID#:			Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577					
		pation / Job title (See Instructions) linical Program Development		Employer (See Instructions Teladoc Health, Inc.)		
	Date 12/29/2023	Turitz, Andrew M.				Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions) Business Development		Employer (See Instructions Teladoc Health, Inc.	<u> </u>		
	Date 01/12/2024	Full name of contributor out-of-s Turitz, Andrew M. Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Semor VP, B	Business Development		Teladoc Health, Inc.			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/10	
2	FILER NAME Teladoc Hea	alth, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	Filers)
4	Date 12/29/2023	 Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$62.50
_	Deireire I e e e	Purchase, NY 10577	Control of			
8		pation / Job title (See Instructions) ent, Global B2B Marketing	9 Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/12/2024	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 12/29/2023	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.	s)		
	Date 01/12/2024	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	5)		
	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: 9/10 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 (\$) 01/25/2024 TELADOC HEALTH, INC. 334.50

NON-POLITICA MADE FROM F	SCHEDULE I		
	The Instruction Guide explains how to	complete this	s form.
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Teladoc Health, Inc. Political Action Committee	,	3 Filer ID (Ethics Commission Filers) 00080542
4 Date 01/10/2024	5 Payee name California Secretary of State		
6 Amount (\$) 50.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1500 11th Street Sacramento, CA 95814		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Filing Fee	(See instructions regarding type of information required.)