#### 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** 03/05/2024 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee  14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures  A. Supported	3 Filer ID 00080542	(Ethics Commission Filers)
1. Candidates ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  B. Opposed	00080542	2
ACTIVITY  (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed		
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed		
paper to complete this report if necessary.)		
2. Measures A. Supported		
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  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS		
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b> \$</b>	2,542.48
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	5,000.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOTAL	PAY \$	168,606.16
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT	<u> </u>	
I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.	ury, that the ation require	accompanying report is d to be reported by me
Mr. Dar	rin I im	
Signature of Cam		urer
AFFIX NOTARY STAMP / SEAL ABOVE	. 3	
Curary to and subseribed before me, but he said	o tho	day
Sworn to and subscribed before me, by the said, thi of, 20, to certify which, witness my hand and seal of office.	S tile	day
or, 20, to certify which, withess my fland and seal of office.		
Signature of officer administering oath Printed name of officer administering oath	Title of off	icer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

3 of 10								
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	Tilers)			
l		(	,					
	Teladoc Health, Inc. Political Action Committee 00080542  19 SCHEDULE SUBTOTALS							
l	ME OF:		SUBTOTAL AI	MOUNT				
INA	IVIE OF							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,249.98			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
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		\$	292.50			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$				
9.		SCHEDULE E: LOANS		\$				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	5,000.00			
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS							
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	\$				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
2	FILER NAME Teladoc Hea	IAME c Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers 00080542		n Filers)	
4	Date 01/31/2024	<ul><li>5 Full name of contributor [ Addis, Alice</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$208.33
	Dringing aggr	Purchase, NY 10577	10	Employer (See Instructions	·/		
0		pation / Job title (See Instructions) nt Management	9	Teladoc Health, Inc.	)		
	Date 02/15/2024	Full name of contributor [ Addis, Alice Contributor address; City; Sta		)		Amount of Contribution (\$)	\$208.33
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP of Account Management  Teladoc Health, Inc.		,				
	Date 01/31/2024	Full name of contributor [ Gandhi, Rushabh Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$62.50
		Purchase, NY 10577					
	Principal occu Head of Prod	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	Full name of contributor  Gandhi, Rushabh  Contributor address; City; Sta  Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
	Principal occu Head of Prod	pation / Job title (See Instructions) duct		Employer (See Instructions Teladoc Health, Inc.	<u> </u> 5)		
	Date 01/31/2024	Full name of contributor Gonzales, Jerome Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) rint Fulfillment		Employer (See Instructions Teladoc Health, Inc.	5)		
			I	·			

MONETARY POLITICAL CONTRIBUTIONS				E <b>A1</b>			
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2	FILER NAME Teladoc Hea	ME 3 Health, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 02/15/2024	<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	  -  s)		
	Director of P	rint Fulfillment		Teladoc Health, Inc.			
	Date 01/31/2024	Full name of contributor out-of-state PA 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.		_				
	Date 02/15/2024	Full name of contributor out-of-state PA  Harper, Kevin  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions) vernment Affairs		Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 01/31/2024	Full name of contributor out-of-state PA May, Mercer  Contributor address; City; State; Zip Code  Purchase, NY 10577				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) covernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAMay, Mercer  Contributor address; City; State; Zip Code  Purchase, NY 10577				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of G	overnment Affairs		Teladoc Health, Inc.			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10	
2	FILER NAME Teladoc Hea	ealth, Inc. Political Action Committee		3 Filer ID (Ethics Commission File 00080542		n Filers)	
4	Date 01/31/2024	<ul><li>5 Full name of contributor Murthy, Mala</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
8	Principal occu CFO	pation / Job title (See Instructions	) 9	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	Full name of contributor Murthy, Mala Contributor address; City; St			•	Amount of Contribution (\$)	\$208.33
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)		
	CFO	(	,	Teladoc Health, Inc.	,		
	Date 01/31/2024	Full name of contributor Rancic, Heather Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
		pation / Job title (See Instructions atabase Systems	)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	Full name of contributor Rancic, Heather Contributor address; City; St Purchase, NY 10577	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions atabase Systems	)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/31/2024	Full name of contributor Sackrider, Susan Contributor address; City; St Purchase, NY 10577	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ager, HR Operations	)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Schlor Maria	gor, riix Operations		relation reality, inc.			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10	
2	FILER NAME Teladoc Hea	ealth, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 02/15/2024	<ul><li>5 Full name of contributor Sackrider, Susan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
_		Purchase, NY 10577	,				
8		pation / Job title (See Instructions ager, HR Operations		9 Employer (See Instructions Teladoc Health, Inc.	s) 		
	Date 01/31/2024	Full name of contributor Spell, Sheila Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.67
	Principal occu	Purchase, NY 10577  upation / Job title (See Instructions	s)	Employer (See Instructions	  -  s)		
	•	Clinical Program Development	*	Teladoc Health, Inc.	_		
	Date 02/15/2024	Full name of contributor Spell, Sheila Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.67
	l	Purchase, NY 10577					
		pation / Job title (See Instructions Clinical Program Development	·	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 01/31/2024	Full name of contributor Turitz, Andrew M.  Contributor address; City; S  Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
	•	ipation / Job title (See Instructions Business Development	;)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	Full name of contributor Turitz, Andrew M.  Contributor address; City; S  Purchase, NY 10577	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$208.33
		upation / Job title (See Instructions Business Development	3)	Employer (See Instructions Teladoc Health, Inc.	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	EDULE <b>A1</b>	
	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	NAME oc Health, Inc. Political Action Committee			Filer ID (Ethics Commission 00080542	Filers)
4	Date 01/31/2024	<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
_	Delivering	Purchase, NY 10577	To Fundame (One besteur)			
8		pation / Job title (See Instructions) ent, Global B2B Marketing	9 Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 02/15/2024	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 01/31/2024	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) entroller	Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 02/15/2024	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	introller	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 (\$) 02/25/2024 TELADOC HEALTH, INC. 292.50

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extern a contrary not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 10/10	Teladoc Health, Inc. Political Action Committee 00080542
4 Date	5 Payee name
01/26/2024	Heartland Values PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 505
Expenditure from	
corporate funds	Sioux Falls, SD 57101
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to betieff 6/0	