MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: (Ethics Commission Filers) 11							
	-	00080542						
3 COMMITTEE NAME	- nc. Political Action Committee		OFFICE USE ONLY					
Telauoc Healun, II	ic. Political Action Committee		Date Received					
			ELECTRONICALLY FILED					
			04/03/2024					
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP						
/.2211200	28 Liberty Ship Way							
Change of Addres	Suite 2815 ^s Sausalito, CA 94965							
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked					
TREASURER	Mr. Darrin	1VII	Receipt # Amount					
NAME	Mi. Daim							
			Date Processed					
	NICKNAME LAST	SUF						
	Lim		Date Imaged					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY;	STATE; ZIP CODE					
TREASURER STREET	28 Liberty Ship Way							
ADDRESS	Suite 2815							
(Residence or Business)	Sausalito, CA 94965							
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE					
TREASURER MAILING	28 Liberty Ship Way							
ADDRESS	Suite 2815							
Change of Addres	^s Sausalito, CA 94965							
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION						
PHONE	(415) 903-2800							
9 REPORT TYPE								
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)					
10 MONTHLY REPORT FILING	January 5 X Apr	I 5 July 5	October 5					
DEADLINE	February 5		November 5					
	March 5 Jun	e 5 September 5	December 5					
11 PERIOD COVERED	Month Day Year	Mont THROUGH	-					
	02/26/2024	03/2	5/2024					
	GO	TO PAGE 2						
Forms provided by Te	exas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.5b35d027					

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. Po	itical Action Committee	9	0008054	2
14 COMMITTEE ACTIVITY	1. 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 (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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	2,480.48
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)		2,400.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED) POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	157,281.14
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Da	rrin Lim	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	is the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of of	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 11

	7 COMMITTEE NAME 18 Filer ID						
	lealth, Inc. Political Action Committee	00080542	T				
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,174.98				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 305.50				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS						
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
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 CONTRIBUTIO	DNS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/11		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		alth, Inc. Political Action Committee			00080542	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/29/2024	Addis, Alice				\$208.33
	1	6 Contributor address; City; State; Zip Code		1		
		Purchase, NY 10577				
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP of Accour	nt Management	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Addis, Alice				\$208.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Purchase, NY 10577	1			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP of Accour	nt Management	Teladoc Health, Inc.			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/29/2024	Gandhi, Rushabh				\$62.50
	ļ	Contributor address; City; State; Zip Code		1		
	<u> </u>	Purchase, NY 10577	1 _ · /2 hartmatian	Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Head of Proc		Teladoc Health, Inc.	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2024	Gandhi, Rushabh				\$62.50
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
\vdash	Dringing occur	Purchase, NY 10577	Employer (See Instructions	<u> </u>		
	Head of Proc	pation / Job title (See Instructions) duct	Employer (See Instructions Teladoc Health, Inc.	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	02/29/2024 Gonzales, Jerome				\$25.00	
	Contributor address; City; State; Zip Code					
		Purchase, NY 10577				
\vdash	Drincinal occu		Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions) rrint Fulfillment	Employer (See Instructions Teladoc Health, Inc.	5)		
\vdash			וווס.			

\vdash						
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/11		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		alth, Inc. Political Action Committee			00080542	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2024	Gonzales, Jerome				\$25.00
		6 Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
8	Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	L_ 5)		
		Print Fulfillment	Teladoc Health, Inc.	,		
-	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/29/2024	Harper, Kevin	,			\$208.33
	02,20,222					+=•
		Purchase, NY 10577				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director, Go	vernment Affairs	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Harper, Kevin				\$208.33
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
	•	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director, Go	vernment Affairs	Teladoc Health, Inc.	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	02/29/2024	May, Mercer				\$25.00
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
_	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		Government Affairs	Teladoc Health, Inc.	ソ		
╞━				_	Amount of Contribution (¢)	
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: May, Mercer)		Amount of Contribution (\$)	\$25.00
	Contributor address; City; State; Zip Code				Ψ20.00	
		Purchase, NY 10577				
	Principal occl	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director of G	Government Affairs	Teladoc Health, Inc.			
						ſ

				_		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/11		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		alth, Inc. Political Action Committee			00080542	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/29/2024	Murthy, Mala				\$208.33
		6 Contributor address; City; State; Zip Code		1		
Ļ		Purchase, NY 10577		Ļ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	CFO		Teladoc Health, Inc.	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2024	Murthy, Mala				\$208.33
		Contributor address; City; State; Zip Code				
		Durahasa NV 10577				
	Dringing oog	Purchase, NY 10577	Employer (Cool Instruction)			
	CFO	ipation / Job title (See Instructions)	Employer (See Instructions Teladoc Health, Inc.	5)		
⊨				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	02/29/2024	Sackrider, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	L 5)		
		ager, HR Operations	Teladoc Health, Inc.	.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	03/15/2024	Sackrider, Susan	/			\$25.00
	00/10/202 .	Contributor address; City; State; Zip Code		ł		Ψ20.00
		Continuation address, City, State, Zip Code				
		Purchase, NY 10577				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Mana	ager, HR Operations	Teladoc Health, Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Serio, Lou				\$25.00
	Contributor address; City; State; Zip Code		1			
		Purchase, NY 10577				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Associate Di	irector, Public Affairs	Teladoc Health, Inc.			
			-			
1						

<u> </u>						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/11	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Teladoc Hea	alth, Inc. Political Action Committee			00080542	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/29/2024	Spell, Sheila				\$41.67
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Purchase, NY 10577				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director of C	Clinical Program Development	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Spell, Sheila				\$41.67
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Purchase, NY 10577	<u> </u>	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Clinical Program Development	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/29/2024	Turitz, Andrew M.]		\$208.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Purchase, NY 10577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior VP, B	Business Development	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Turitz, Andrew M.				\$208.33
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Purchase, NY 10577	1			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior VP, B	Business Development	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/29/2024	Whipple, Laura]		\$62.50
	Contributor address; City; State; Zip Code]			
	ļ					
	ļ					
\vdash	Duin singl goog	Purchase, NY 10577		Ĺ		
		ipation / Job title (See Instructions) ent, Global B2B Marketing	Employer (See Instructions Teladoc Health, Inc.	5)		
		TIL, GIUDAI DZD IVIAI KEULIY				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Teladoc Health, Inc. Political Action Committee 00080542 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 03/15/2024 \$62.50 Whipple, Laura 6 Contributor address; City; State; Zip Code Purchase, NY 10577 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Vice President, Global B2B Marketing Teladoc Health, Inc.

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp	Schedule C4: ht: 9/11	
2	2 FILER NAME Teladoc Health, Inc. Political Action Committee			3	Filer ID 00080542	(Ethics Commission Filers)	
4	Date 03/25/2024	5	Corporation / Labor Organization name TELADOC HEALTH, INC.	6	Amount (\$)		305.50

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/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 1/2 Rpt: 10/11	Teladoc Health, Inc. Political Action Committee 00080542							
4 Date	5 Payee name							
03/07/2024	Avelino Valencia for Assembly 2024							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$2,500.00	1700 Tribute Road, Suite 201							
Expenditure from corporate funds	Sacramento, CA 95815							
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel 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/Oł	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
03/07/2024	Cottie Petrie-Norris for Assemby 2024							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,500.00	2426 DuPont Dr, Suite 60-174							
Expenditure from corporate funds	Irvine, CA 92612							
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
03/07/2024	David Alvarez for Assembly 2024							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,500.00	1700 Tribute Road, Suite 201							
Expenditure from corporate funds	Sacramento, CA 95815							
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. 							
LAFLINDHORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

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/Politica Credit Card Payment	Committee Legal Servic	ge Expense Po Memorials Expense Pr	ban Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense alaries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/2 Rpt: 11/11	Teladoc Health, Inc.	Political Action Comr	nittee	00080542			
4 Date	Payee name			•			
03/25/2024	HOOPS PAC						
6 Amount (\$)	Payee address; Ci	ty; State; Z	Zip Code				
\$2,500.00	PO Box 3314						
Expenditure from corporate funds	Portland, OR 97208						
8 PURPOSE	a) Category (See Categories	listed at the top of this schedul	e) (b) Description				
OF EXPENDITURE	Contributions/Donati Candidate/Officehold	ons Made By ler/Political Committe		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name Offic	ce sought	Office held			
Date	Payee name						
03/07/2024	Lisa Calderon for As	sembly 2024					
Amount (\$)	Payee address; Ci	ty; State; Z	Zip Code				
\$2,500.00	777 S Figueroa St #	4050					
Expenditure from corporate funds	Los Angeles, CA 90)17					
PURPOSE OF EXPENDITURE	a) Category _{(See Categories} Contributions/Donati Candidate/Officehold		Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder	name Offic	ce sought	Office held			
Date	Payee name						
03/07/2024	Schatz for Senate						
Amount (\$)	Payee address; Ci	ty; State; Z	Zip Code				
\$1,000.00	PO Box 3828						
Expenditure from corporate funds	Honolulu, HI 96812		i				
PURPOSE OF EXPENDITURE	a) Category (See Categories Contributions/Donati Candidate/Officehold		Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name Offic	ce sought	Office held			