MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

1 Filer ID 2 Total pages filed								
Tł	ne MPAC Instruction	2 Total pages filed: 10						
3	COMMITTEE NAME			OFFICE USE ONLY				
	Teladoc Health, Ind	. Political Action Committee						
				Date Received				
				ELECTRONICALLY FILED				
				05/03/2024				
4	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				
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Fostillarked				
ľ	TREASURER			Receipt # Amount				
	NAME	Mr. Darrin						
				Date Processed				
		NICKNAME LAST	SUFFIX	Date Flotesseu				
		Lim		Date Imaged				
		Lini						
	CAMDAICN			ATE; ZIP CODE				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE				
	STREET	28 Liberty Ship Way						
	ADDRESS (Residence or Business)	Suite 2815						
	(Residence of Business)	Sausalito, CA 94965						
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE				
Ľ	TREASURER	28 Liberty Ship Way		,				
	MAILING ADDRESS							
	_	Suite 2815						
	Change of Address	Sausalito, CA 94965						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
	TREASURER PHONE	(415) 903-2800						
	THOME	(413) 303-2000						
9	REPORT TYPE		10th day after campaign					
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)				
10	MONTHLY							
- ·	REPORT FILING	January 5 April 9	5 🗌 July 5	October 5				
	DEADLINE	February 5 X May 5	5 August 5	November 5				
		March 5 June	5 September 5	December 5				
		Marstle Davis Marst	Marada	Devis				
111	PERIOD COVERED	Month Day Year	HROUGH Month	Day Year				
		03/26/2024	04/25/2	024				
1								
	GO TO PAGE 2							
L								
Fo	rms provided by Tex	as Ethics Commission www.eth	nics.state.tx.us	Version V3.5.1.5b35d027				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				(Ethiop Commission Films)
12 COMMITTEE NAME	plitical Action Committee		13 Filer ID 00080542	(Ethics Commission Filers)
	1	I	00080542	
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		
		A. Supported		
	2. Measures (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.)			
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	2 012 10
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	Ť	2,813.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA		\$	
			φ	2,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	157,418.62
		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	гие	
LOAN TOTALS		REPORTING PERIOD	\$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a mation require	accompanying report is d to be reported by me
		Mr. Da	rrin Lim	
		Signature of Ca	mpaign Treası	Irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribes	hoforo mo butho ocid	11	aic the	day
		, ti, vhich, witness my hand and seal of office.		day
01	_, 20, to certify t	which, whiless my hand and sear of onice.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas I	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 10

17 COMMITTEE NAME	(Ethics Commission Filers)						
Teladoc Health, Inc. Political Action Committee							
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1. X SCHEDULE A1: MONETARY POLITICAL (\$ 2,137.48						
2. SCHEDULE A2: NON-MONETARY (IN-KIN	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. SCHEDULE B: PLEDGED CONTRIBUTION	NS		\$				
4. SCHEDULE C1: MONETARY CONTRIBUT ORGANIZATION	IONS FROM CORPORATION OR LABO	R	\$				
5. SCHEDULE C2: NON-MONETARY (IN-KIN LABOR ORGANIZATION	ID) CONTRIBUTIONS FROM CORPORA	TION OR	\$				
6. SCHEDULE C3: MONETARY SUPPORT F	ROM CORPORATION OR LABOR ORG.	ANIZATION	\$				
7. X SCHEDULE C4: NON-MONETARY SUPPO	DRT FROM CORPORATION OR LABOR		\$ 676.00				
8. SCHEDULE D: PLEDGED CONTRIBUTIO	NS FROM CORPORATION OR LABOR (DRGANIZATION	\$				
9. SCHEDULE E: LOANS	9. SCHEDULE E: LOANS						
10. X SCHEDULE F1: POLITICAL EXPENDITUR	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
11. SCHEDULE F2: UNPAID INCURRED OBL	IGATIONS		\$				
12. SCHEDULE F3: PURCHASE OF INVESTM	IENTS FROM POLITICAL CONTRIBUTIO	ONS	\$				
13. SCHEDULE F4: EXPENDITURES MADE E	BY CREDIT CARD		\$				
14. SCHEDULE I: NON-POLITICAL EXPENDIT	URES FROM POLITICAL CONTRIBUTIO	DNS	\$				
15. SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	NS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$				

The Inst	ruction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
2 FILER NAM	1	3 Filer ID (Ethics Commission Filers)	
Teladoc F	lealth, Inc. Political Action Committee		00080542
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/29/202			\$208.3
	6 Contributor address; City; State; Zip Code		
	Durshood NV 10E77		
Drincinal 0	Purchase, NY 10577 ccupation / Job title (See Instructions)	9 Employer (See Instructions	
	ount Management	Teladoc Health, Inc.	5)
			Amount of Contribution (\$)
Date 04/15/202)	Amount of Contribution (\$) \$208.33
041101202			
	Contributor address, City, State, Lip Code		
	Purchase, NY 10577		
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	ls)
VP of Acc	ount Management	Teladoc Health, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/29/202			\$62.50
	Contributor address; City; State; Zip Code		
	Durshood NV 10E77		
Drincinal O	Purchase, NY 10577 ccupation / Job title (See Instructions)	Employer (See Instructions	
Head of P		Teladoc Health, Inc.	5)
Date			Amount of Contribution (\$)
Date 03/29/202		J	Amount of Contribution (\$) \$25.00
00120120-	Contributor address; City; State; Zip Code		
	Contributor address, Ory, State, Ep Cours		
	Purchase, NY 10577		
	ccupation / Job title (See Instructions)	Employer (See Instructions	us)
Director o	f Print Fulfillment	Teladoc Health, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/15/202	4 Gonzales, Jerome		\$25.00
	Contributor address; City; State; Zip Code		
	Purchase, NY 10577		
Brincipal o	cupation / Job title (See Instructions)	Employor (See Instructions	
	f Print Fulfillment	Employer (See Instructions Teladoc Health, Inc.	5)

The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2 FILER NAME					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 (\$)	
	03/29/2024	Harper, Kevin	1			\$208.33
	I	6 Contributor address; City; State; Zip Code		1		
		1	!			
			!			
		Purchase, NY 10577				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director, Gov	vernment Affairs	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2024	Harper, Kevin	!			\$208.33
	I	Contributor address; City; State; Zip Code		1		
		1	!			
		1	1			
		Purchase, NY 10577	!			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director, Gov	vernment Affairs	Teladoc Health, Inc.			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	03/29/2024	May, Mercer	!			\$25.00
	I	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		1	1			
		1	!			
		Purchase, NY 10577	!			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of G	Sovernment Affairs	Teladoc Health, Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2024	May, Mercer	1			\$25.00
	I	Contributor address; City; State; Zip Code		1		
		1	1			
		1	!			
		Purchase, NY 10577				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of G	Government Affairs	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/29/2024 Murthy, Mala		1			\$208.33
	Contributor address; City; State; Zip Code					
		1	1			
		1	!			
		Purchase, NY 10577				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	CFO		Teladoc Health, Inc.	_		

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-	Teladoc Health, Inc. Political Action Committee				00080542	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/15/2024	Murthy, Mala				\$208.33
		6 Contributor address; City; State; Zip Code		1		
_	Drivelaat	Purchase, NY 10577		ŕ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	CFO		Teladoc Health, Inc.	—		
	Date)		Amount of Contribution (\$)	
	03/29/2024	Sackrider, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Durahasa NV 10577				
_	Dringingl occu	Purchase, NY 10577	Employer (See Instructions			
		upation / Job title (See Instructions) ager, HR Operations	Employer (See Instructions Teladoc Health, Inc.	3)		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	04/15/2024 Sackrider, Susan					\$25.00
	Contributor address; City; State; Zip Code					
		Purchase, NY 10577				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	•	ager, HR Operations	Teladoc Health, Inc.	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/29/2024	Serio, Lou	/			\$25.00
	00/20/202	Contributor address; City; State; Zip Code		•		Ψ20.00
		Continuutor address, City, State, Zip Code				
		Purchase, NY 10577				
	Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Associate Di	irector, Public Affairs	Teladoc Health, Inc.			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/15/2024	Serio, Lou			• •	\$25.00
		Contributor address; City; State; Zip Code		1		
		Purchase, NY 10577				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Associate Di	irector, Public Affairs	Teladoc Health, Inc.			
			-			
						l

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		alth, Inc. Political Action Committee			00080542	11 110.07
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/29/2024	Spell, Sheila				\$41.67
		6 Contributor address; City; State; Zip Code				
Ļ		Purchase, NY 10577				
8	•	Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		Clinical Program Development	Teladoc Health, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2024	Spell, Sheila				\$41.67
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •\		
	•	Clinical Program Development	Teladoc Health, Inc.)		
╞				1	Amount of Contribution (¢)	
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#: Turitz, Andrew M.)		Amount of Contribution (\$)	\$208.33
	0312312024					Ψ200.00
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior VP, E	Business Development	Teladoc Health, Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2024	Turitz, Andrew M.				\$208.33
		Contributor address; City; State; Zip Code				
		5 NY 10577				
\vdash	Drive sized oppu	Purchase, NY 10577	Encloser (Cas Instructions	Ĺ		
	•	ipation / Job title (See Instructions) Business Development	Employer (See Instructions Teladoc Health, Inc.	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	ቀርጋ ደር
	03/29/2024	Whipple, Laura				\$62.50
	Contributor address; City; State; Zip Code					
		Purchase, NY 10577				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		ent, Global B2B Marketing	Teladoc Health, Inc.	,		
┝						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/10 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 04/15/2024 \$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.														
FILER NAME		3	Filer ID	(Ethics Commission Filers)										
Teladoc Hea	lth,	Inc. Political Action Committee		00080542										
Date	5	Corporation / Labor Organization name	6	Amount (\$)										
04/25/2024		TELADOC HEALTH, INC.				676.00								
	FILER NAME Teladoc Hea Date	FILER NAME Teladoc Health, Date 5	FILER NAME Teladoc Health, Inc. Political Action Committee Date 5 Corporation / Labor Organization name	FILER NAME 3 Teladoc Health, Inc. Political Action Committee 3 Date 5 Corporation / Labor Organization name 6	The Instruction Guide explains how to complete this form.Sch: 1/1 RpFILER NAME3 Filer IDTeladoc Health, Inc. Political Action Committee00080542Date5 Corporation / Labor Organization name6 Amount (\$)	FILER NAME 3 Filer ID (Ethics Commission Filers) Teladoc Health, Inc. Political Action Committee 00080542 Date 5 Corporation / Labor Organization name 6								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how 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: 1/1 Rpt: 10/10	Teladoc Health, Inc. Political Action	Committee	00080542
4 Date	5 Payee name		
04/17/2024	DSCC		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
\$1,000.00	120 Maryland Ave NE		
Expenditure from corporate funds	Washington, DC 20002		
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By		outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Cor		n, TX, officeholder living expense
		Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
04/03/2024	Friends of Don Beyer		
Amount (\$)	-	ate; Zip Code	
		ale, Zip Code	
\$1,000.00	1751 Potomac Greens Drive		
Expenditure from corporate funds	Alexandria, VA 22314		
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF	Contributions/Donations Made By		outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Cor	nmittee Check if Austin	n, TX, officeholder living expense
		Contribution	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		emee cought	