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** 08/01/2024 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 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Teladoc Health, Inc.	Political Action Committe	e	00080542	2
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	0. Maranina	A. Cupported		
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS,	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR	\$	0.00
	1 	MADE ELECTRONICALLY) qualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	2,578.82
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		2,570.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LASTIG PERIOD	T DAY \$	162,410.24
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	perjury, that the ormation require	accompanying report is ed to be reported by me
		Mr. C	arrin Lim	
			ampaign Treas	urer
		Signature of S	ampaign meas	MICI
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscril	ped before me, by the said _		this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	ficer administering oath
Signature of officer	administering valit	Timed hame of officer administering oath	TIUC OI OII	noor auministering valit

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				•	3 of 10
l		EE NAME ealth, Inc. Political Action Committee	18 Filer ID 00080542	(Ethics Commission F	ilers)
19 SCI		T			
NAI	ME OF	SUBTOTAL AMO	JUNI		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	2,208.32
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 CORPORALABOR 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		\$	370.50
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	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.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	1,000.00

N	/IONE I	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
Т	he Instru	ruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
	ILER NAME eladoc Hea	ME Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)
	ate 6/30/2024	Full name of contributor Addis, Alice Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577 upation / Job title (See Instructions)		9 Employer (See Instructions	s)		
Di	ete 7/15/2024	Full name of contributor Addis, Alice Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	Teladoc Health, Inc.		Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions) Int Management		Employer (See Instructions Teladoc Health, Inc.	<u>l</u> s)		
	ate 6/30/2024	Full name of contributor Cave, James Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577 upation / Job title (See Instructions) ate Controller		Employer (See Instructions Teladoc Health, Inc.	<u> </u> 5)		
	ate 7/15/2024	Full name of contributor Cave, James Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577 upation / Job title (See Instructions) ate Controller		Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	ate 6/30/2024	Full name of contributor Dias, Armando Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.67
		upation / Job title (See Instructions) ent IT Operations		Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	<u>.</u>		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2	FILER NAME Teladoc Hea	ME Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 07/15/2024	5 Full name of contributorDias, Armando6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577						
8		pation / Job title (See Instructions ent IT Operations	s) <u> </u>	9	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 06/30/2024	Full name of contributor Gonzales, Jerome Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Duinning Langu	Purchase, NY 10577	. I		Franks on (Cook both others			
		pation / Job title (See Instructions rint Fulfillment	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 07/15/2024	Full name of contributor Gonzales, Jerome Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577						
		pation / Job title (See Instructions rint Fulfillment	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 06/30/2024	Full name of contributor Harper, Kevin Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$208.33
	·	pation / Job title (See Instructions vernment Affairs	s)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 07/15/2024	Full name of contributor Harper, Kevin Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$208.33
	•	pation / Job title (See Instructions vernment Affairs	3)		Employer (See Instructions Teladoc Health, Inc.	5)		
	233(37, 30				. Stade From II, IIIo.			

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Comn	nittee			3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 06/30/2024	5 Full name of contributor May, Mercer6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577						
8		pation / Job title (See Instructions overnment Affairs	9		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 07/15/2024	Full name of contributor May, Mercer Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions	;)		Employer (See Instructions	 ;)		
		overnment Affairs			Teladoc Health, Inc.	,		
	Date 06/30/2024	Full name of contributor Murthy, Mala Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577						
	Principal occu CFO	pation / Job title (See Instructions	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 07/15/2024	Full name of contributor Murthy, Mala Contributor address; City; Si Purchase, NY 10577	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	Principal occu CFO	pation / Job title (See Instructions	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 06/30/2024	Full name of contributor Sackrider, Susan Contributor address; City; Si Purchase, NY 10577	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions ager, HR Operations	5)		Employer (See Instructions Teladoc Health, Inc.	5)		
	22	.g. , persulono						

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Committee	3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 07/15/2024	Sackrider, Susan	-state PAC (ID#:Code	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	9 Employer (See Inst	tructions)		
Ü	•	ger, HR Operations	Teladoc Health, I			
	Date 06/30/2024	Serio, Lou Contributor address; City; State; Zip C	-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	Employer (See Inst	tructions)		
	•	rector, Public Affairs	Teladoc Health, I			
	Date 07/15/2024	Serio, Lou Contributor address; City; State; Zip C	-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Purchase, NY 10577 pation / Job title (See Instructions)	Employer (See Inst	tructions)		
		rector, Public Affairs	Teladoc Health, I			
	Date 06/30/2024	Spell, Sheila	-state PAC (ID#:Code		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577				
	•	pation / Job title (See Instructions) linical Program Development	Employer (See Inst Teladoc Health, I			
	Date 07/15/2024	Spell, Sheila	-state PAC (ID#:		Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions)	Employer (See Inst			
	Director of C	linical Program Development	Teladoc Health, I	nc.		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/10	
2	FILER NAME Teladoc Hea	Ith, Inc. Political Action Committee			Filer ID (Ethics Commission 00080542	n Filers)
4	Date 06/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$208.33
_	Deignaiga I annu	Purchase, NY 10577	O Francis var (Can Instruction			
8		pation / Job title (See Instructions) Business Development	9 Employer (See Instructions Teladoc Health, Inc.)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Turitz, Andrew M. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$208.33
	Dringing aggr	Purchase, NY 10577	Employer (Co.) Instructions			
		pation / Job title (See Instructions) Business Development	Employer (See Instructions Teladoc Health, Inc.)		
	Date 06/30/2024	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.)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code Purchase, NY 10577			Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions) ent, Global B2B Marketing	Employer (See Instructions 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 (\$) 07/25/2024 TELADOC HEALTH, INC. 370.50

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Teladoc Health, Inc. Political Action Committee 00080542 5 Name of person from whom amount is received 8 Amount (\$) Date 07/15/2024 \$1,000.00 Tim Scott for Senate 6 Address of person from whom amount is received; City; State; Zip Code DC, WA 20003 7 Purpose for which amount is received X Check if political contribution returned to filer