#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00080542 Date Received COMMITTEE Teladoc Health, Inc. Political Action Committee **ELECTRONICALLY FILED** NAME 08/01/2024 TREASURER Lim, Darrin (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) June 5 ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 04/26/2024 05/25/2024 **EXPLANATION OF CORRECTION** Updated Corporate Support from C2 to C4. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Darrin Lim Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

#### 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 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

### 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	Teladoc Health, Inc. Political Action Committee				
14 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			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,464.98	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	•	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	•	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that th mation requi	e accompanying report is ired to be reported by me	
			rrin Lim		
		Signature of Car	mpaign Trea	asurer	
AFFIX NOTAR)	/ STAMP / SEAL ABOVE				
		, th	nis the	day	
of	_, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of c	officer administering oath	

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

			4 of 9
17 COMMITTEE NAME Teladoc Health, Inc. Political Action Comm	nittee	<b>18</b> Filer ID 00080542	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		•	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY PO	LITICAL CONTRIBUTIONS		<b>\$</b> 2,074.98
2. SCHEDULE A2: NON-MONETAR	Y (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONT	RIBUTIONS		\$
4. SCHEDULE C1: MONETARY CO ORGANIZATION	NTRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETAR LABOR ORGANIZATION	Y (IN-KIND) CONTRIBUTIONS FROM CORPOR	ATION OR	\$
6. SCHEDULE C3: MONETARY SU	PPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. X SCHEDULE C4: NON-MONETAR ORGANIZATION	Y SUPPORT FROM CORPORATION OR LABOR	?	\$ 390.00
8. SCHEDULE D: PLEDGED CONT	RIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. SCHEDULE F1: POLITICAL EXP	ENDITURES FROM POLITICAL CONTRIBUTION	S	\$
11. SCHEDULE F2: UNPAID INCUR	RED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF	INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. SCHEDULE F4: EXPENDITURES	S MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL E	XPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CRED	ITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

	MONET	ARY POLITICAL CO	JNTRIBUTIO	<b>N</b> 5		SCHEDUL	E <b>A1</b>
	The Instru	e Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/9	
2	FILER NAME Teladoc Hea	LER NAME Pladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission Filers) 00080542	
4	Date 04/30/2024	<ul><li>Full name of contributor Addis, Alice</li><li>Contributor address; City; State</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
8	•	pation / Job title (See Instructions) nt Management	9	Employer (See Instructions Teladoc Health, Inc.	)		
	Date 05/15/2024	Full name of contributor  Addis, Alice  Contributor address; City; State  Purchase, NY 10577	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	VP of Accou	nt Management		Teladoc Health, Inc.			
	Date 04/30/2024	Full name of contributor  Gonzales, Jerome  Contributor address; City; State  Purchase, NY 10577	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
		rint Fulfillment		Teladoc Health, Inc.	,		
Date 05/15/2024		Contributor address; City; State		)		Amount of Contribution (\$)	\$25.00
	•	Purchase, NY 10577 pation / Job title (See Instructions) rint Fulfillment		Employer (See Instructions Teladoc Health, Inc.	)		
	Date 04/30/2024	Full name of contributor Harper, Kevin Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Director, Gov	vernment Affairs		Teladoc Health, Inc.			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/9	
2	FILER NAME Teladoc Hea	AME Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$208.33
_	B	Purchase, NY 10577	- 1-		<u></u>		
8		pation / Job title (See Instructions) vernment Affairs	9	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 04/30/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Director of G	overnment Affairs		Teladoc Health, Inc.			
	Date 05/15/2024	Full name of contributor out-of-state PAC May, Mercer  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
		pation / Job title (See Instructions) covernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 04/30/2024	Full name of contributor out-of-state PAC Murthy, Mala Contributor address; City; State; Zip Code  Purchase, NY 10577		)		Amount of Contribution (\$)	\$208.33
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	<u>I</u> 5)		
	Date 05/15/2024	Full name of contributor out-of-state PAC Murthy, Mala Contributor address; City; State; Zip Code Purchase, NY 10577				Amount of Contribution (\$)	\$208.33
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	<b>.</b> (5)		
			ı				

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>A1</b>
	The Instruc	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/9	
2	FILER NAME Teladoc Hea	alth, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	Filers)
4	Date 04/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Sackrider, Susan</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
8		Purchase, NY 10577 pation / Job title (See Instructions) ager, HR Operations	9 Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#: Sackrider, Susan  Contributor address; City; State; Zip Code  Purchase, NY 10577			Amount of Contribution (\$)	\$25.00
			Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Serio, Lou Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577 pation / Job title (See Instructions) rector, Public Affairs	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#: Serio, Lou  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	•	Purchase, NY 10577 pation / Job title (See Instructions) frector, Public Affairs	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_Spell, Sheila  Contributor address; City; State; Zip Code  Purchase, NY 10577			Amount of Contribution (\$)	\$41.67
	•	pation / Job title (See Instructions) Slinical Program Development	Employer (See Instructions Teladoc Health, Inc.	s)		

	MONET	ARY POLITICAL CON	HRIBUTION	NS		SCHEDUL	E <b>A1</b>	
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/9		
2	FILER NAME Teladoc Hea	ILER NAME eladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 05/15/2024	Spell, Sheila	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$41.67	
		Purchase, NY 10577						
8	•	pation / Job title (See Instructions) linical Program Development	9	Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 04/30/2024	Full name of contributor ou Turitz, Andrew M.  Contributor address; City; State; Zi  Purchase, NY 10577	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$208.33	
	•	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	<u>.                                    </u>			
	Date 05/15/2024	Full name of contributor ou Turitz, Andrew M.  Contributor address; City; State; Zi  Purchase, NY 10577	ut-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$208.33	
		pation / Job title (See Instructions) Business Development		Employer (See Instructions Teladoc Health, Inc.	5)			
Date 04/30/2024		Whipple, Laura Contributor address; City; State; Zi				Amount of Contribution (\$)	\$62.50	
	•	Purchase, NY 10577 pation / Job title (See Instructions) ent, Global B2B Marketing		Employer (See Instructions Teladoc Health, Inc.	<u> </u> ;)			
	Date 05/15/2024	Whipple, Laura	p Code			Amount of Contribution (\$)	\$62.50	
		pation / Job title (See Instructions) ent, Global B2B Marketing		Employer (See Instructions Teladoc Health, Inc.	5)			
	vice rieside	ini, Giobai dzb ivialketing		relaude nealth, 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: 9/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Teladoc Health, Inc. Political Action Committee 00080542 Date 5 Corporation / Labor Organization name 6 Amount (\$) 05/25/2024 TELADOC HEALTH, INC. 390.00