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 Dissolution report 30th day before election Date Processed 8th day before election Other (specify) July 5 ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 05/26/2024 06/25/2024 **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

Printed name of officer administering oath

Signature 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 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

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. P	olitical Action Committee	e	0008054	42
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		
	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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,539.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	7,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	160,201.92
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		·	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mr. Da	rrin Lim	
		Signature of Car	npaign Trea	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify (which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of o	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					4 of 11
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commissi	on Filers)
Tel	adoc H		·		
		E SUBTOTALS			
l		SCHEDULE		SUBTOTAL	AMOUNT
<u> </u>					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,208.32
				<u> </u>	,
_ ا	\Box	COLIED HE AS: MONI MONIETARY (IN KIND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-					
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
		ORGANIZATION		, , , , , , , , , , , , , , , , , , ,	
_	\Box	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	331.50
		ORGANIZATION		Ψ	001.00
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	7,500.00
10.		SCHEDGETT. TOETHCAL EXITENSITIONES TROWN SETTICAL CONTRIBUTION.	5) p	7,300.00
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				, , , , , , , , , , , , , , , , , , ,	
12	\Box	COLIEDIUS EA. EVDENDITUDES MADE DV ODEDIT CADD			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
	Ш	TO FILER			
l					
l					
l					
l					
l					
I					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/11		
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 05/31/2024			7	Amount of Contribution (\$)	\$208.33		
_		Purchase, NY 10577			<u></u>			
8		pation / Job title (See Instructions) nt Management	9	Employer (See Instructions Teladoc Health, Inc.				
	Date 06/14/2024	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$208.33	
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	VP of Accou	nt Management		Teladoc Health, Inc.				
Date Full name of contributor out-of-state PAC (II 05/31/2024 Cave, James Contributor address; City; State; Zip Code		PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
		Purchase, NY 10577						
	Principal occu VP, Corpora	pation / Job title (See Instructions) te Controller		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 06/14/2024	Full name of contributor out-of-state Cave, James Contributor address; City; State; Zip Code Purchase, NY 10577)		Amount of Contribution (\$)	\$25.00	
	Principal occu VP, Corpora	pation / Job title (See Instructions) te Controller		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 05/31/2024	Full name of contributor out-of-state Dias, Armando Contributor address; City; State; Zip Code Purchase, NY 10577	PAC (ID#:			Amount of Contribution (\$)	\$41.67	
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	vice Preside	nt IT Operations		Teladoc Health, Inc.				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/11		
2	FILER NAME Teladoc Hea	lth, Inc. Political Action Committee	;		3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 06/14/2024			7	Amount of Contribution (\$)	\$41.67		
_		Purchase, NY 10577						
8		pation / Job title (See Instructions) nt IT Operations		Employer (See Instructions Teladoc Health, Inc.	i) 			
	Date 05/31/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Deinsinal assu	Purchase, NY 10577		Franks von (Cook kantuurtings	_			
		pation / Job title (See Instructions) rint Fulfillment		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date Full name of contributor out-of-state PAC (ID#: 06/14/2024 Gonzales, Jerome Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00		
		Purchase, NY 10577						
		pation / Job title (See Instructions) rint Fulfillment		Employer (See Instructions Teladoc Health, Inc.)			
	Date 05/31/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$208.33	
	•	pation / Job title (See Instructions) vernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 06/14/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33	
	•	pation / Job title (See Instructions) /ernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)			
	235.07, 000	. S		- State of Foundity Hills.				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/11		
2	FILER NAME Teladoc Hea	lth, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 05/31/2024			7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/			
•		overnment Affairs	9	Teladoc Health, Inc.	·)			
	Date 06/14/2024	Full name of contributor	-)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	رد ا			
		overnment Affairs		Teladoc Health, Inc.	,,			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$208.33		
		Purchase, NY 10577						
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 06/14/2024	Full name of contributor out-of-state F 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>(</u>			
Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Sackrider, Susan Contributor address; City; State; Zip Code Purchase, NY 10577			Amount of Contribution (\$)	\$25.00				
	•	pation / Job title (See Instructions) ger, HR Operations		Employer (See Instructions Teladoc Health, Inc.	5)			
	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	3- , p		33333				

	MONET	ARY POLITICAL CONTRI	IBUTIO	V 5		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this fo	rm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/11	
2	Priler NAME Teladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Sackrider, Susan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
8	Dringinal occu	Purchase, NY 10577 pation / Job title (See Instructions)	l _o	Employer (See Instructions	_		
0	•	ger, HR Operations	9	Teladoc Health, Inc.	')		
	Date 05/31/2024	Serio, Lou Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	rector, Public Affairs		Teladoc Health, Inc.	')		
	Date 06/14/2024	Full name of contributor out-of-state Serio, Lou Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
		pation / Job title (See Instructions) rector, Public Affairs		Employer (See Instructions Teladoc Health, Inc.	;)		
	Date 05/31/2024	Spell, Sheila)		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577					
	•	pation / Job title (See Instructions) linical Program Development		Employer (See Instructions Teladoc Health, Inc.	i)		
	Date 06/14/2024	Full name of contributor out-of-state Spell, Sheila Contributor address; City; State; Zip Code Purchase, NY 10577)		Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Director of C	linical Program Development		Teladoc Health, Inc.			

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE A	A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/11	
2	FILER NAME Teladoc Hea	alth, Inc. Political Action Committee			3	Filer ID (Ethics Commission File 00080542	ers)
4	Date 05/29/2024			7	Amount of Contribution (\$) \$5,	00.00	
8		Purchase, NY 10577 pation / Job title (See Instructions) overnment Affairs	9	Employer (See Instructions Teladoc Health, Inc.	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Turitz, Andrew M. Contributor address; City; State; Zip Code Purchase, NY 10577			Amount of Contribution (\$) \$	208.33		
		pation / Job title (See Instructions) Business Development		Employer (See Instructions Teladoc Health, Inc.)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID# Turitz, Andrew M. Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$	208.33
		Purchase, NY 10577 pation / Job title (See Instructions) Business Development		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 05/31/2024	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.	<u>(</u>		
Date Full name of contributor out-of-state PAC (ID#:) 06/14/2024 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.	5)		

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: 10/11 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 (\$) 06/25/2024 TELADOC HEALTH, INC. 331.50

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 Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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: 1/1 Rpt: 11/11	Teladoc Health, Inc. Political Action Committee 00080542
4 Date	5 Payee name
06/25/2024	New Democrat Coalition Action Fund
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	600 Pennsylvania Ave SE
	Suite 410
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	Tomorrow is Meaningful PAC
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	7620 Rivers Ave
	STE 370, #312
Expenditure from corporate funds	North Charleston, SC 29406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Contribution
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held