MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 11		
3 COMMITTEE NAME	E	00080542	OFFICE USE ONLY
Teladoc Health, Ir	nc. Political Action Committee		
			Date Received ELECTRONICALLY FILED 09/03/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	28 Liberty Ship Way		
	Suite 2815		
Change of Addres	^{is} Sausalito, CA 94965		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mr. Darrin		Receipt # Amount
NAME			
			Date Processed
	NICKNAME LAST	SUF	FIX
	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	28 Liberty Ship Way	,	
MAILING ADDRESS	Suite 2815		
	^{is} 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 Apri	I 5 July 5	October 5
DEADLINE	February 5 May	5 August 5	November 5
	March 5 June	e 5 X September 5	December 5
	Month Day Year	Mon	,
COVERED	07/26/2024	08/2	5/2024
	GO	TO PAGE 2	
Forms provided by Te	exas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	D (Ethics Commission Filers)
Teladoc Health, Inc. Pol	litical Action Committee	3	00080	0542
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	A. Supported		
	(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 TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	5	\$ 0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$ 2,877.82
		DGES, LOANS, OR GUARANTEES OF LOANS)		2,077.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED) POLITICAL EXPENDITURES	5	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	5	\$ 2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY	\$ 166,098.56
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE	\$ 0.00
16 AFFIDAVIT	I			
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that prmation re	t the accompanying report is quired to be reported by me
			arrin Lim	
		Signature of C	anipaiyn i	IEASUIEI
AFFIX NOTARY	STAMP / SEAL ABOVE			
		,	this the	day
ot	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title c	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 11

17 COMMITT	EE NAME	(Ethics Commission Filers)				
Teladoc H	lealth, Inc. Political Action Committee	00080542				
	E SUBTOTALS		SUBTOTAL AMOUNT			
	SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,208.32			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 669.50			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 2,500.00			
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 4,000.00			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/11	
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 (\$)	
	07/31/2024	Addis, Alice				\$208.33
	I	6 Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
8	Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> נו		
		Int Management	Teladoc Health, Inc.	'		
╞	Date			_	Amount of Contribution (\$)	
	08/15/2024	Addis, Alice)			\$208.33
						Ψ200.00
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		int Management	Teladoc Health, Inc.			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	07/31/2024	Cave, James			, and an e e e e e e e e e e e e e e e e e e	\$25.00
						7 -
		Purchase, NY 10577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP, Corpora	te Controller	Teladoc Health, Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Cave, James				\$25.00
	I	Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP, Corpora	te Controller	Teladoc Health, Inc.			
\square	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/31/2024	Dias, Armando				\$41.67
	I	Contributor address; City; State; Zip Code	Ţ			
		Purchase, NY 10577	1			
	•	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Vice Preside	ent IT Operations	Teladoc Health, Inc.			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/11	
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 (\$)	
	08/15/2024	Dias, Armando				\$41.67
		6 Contributor address; City; State; Zip Code		1		
	1					
	ļ					
		Purchase, NY 10577				
		upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Vice Preside	ent IT Operations	Teladoc Health, Inc.	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/31/2024 Gonzales, Jerome					\$25.00
	1	Contributor address; City; State; Zip Code]		
	ļ					
	ļ	Durahasa NV 10577				
	Bringinal occu	Purchase, NY 10577 upation / Job title (See Instructions)	Employer (See Instructions			
	•	Print Fulfillment	Teladoc Health, Inc.	5)		
				—	Δ	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	08/15/2024	Gonzales, Jerome				ΦΖΟ. ΟΟ
	1	Contributor address; City; State; Zip Code				
	1					
	1	Purchase, NY 10577				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of P	Print Fulfillment	Teladoc Health, Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/31/2024	Harper, Kevin				\$208.33
		Contributor address; City; State; Zip Code		1		
	1					
	ļ					
		Purchase, NY 10577	-			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director, Gov	vernment Affairs	Teladoc Health, Inc.	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	08/15/2024	Harper, Kevin				\$208.33
	Contributor address; City; State; Zip Code					
	ļ					
		Purchase, NY 10577				
┝	Dringing occu		Employer (See Instructions			
		upation / Job title (See Instructions) overnment Affairs	Employer (See Instructions) Teladoc Health, Inc.	5)		
┝						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/11	
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 (\$)	
	07/31/2024	May, Mercer				\$25.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Purchase, NY 10577		Ļ		
8		Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		Government Affairs	Teladoc Health, Inc.	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	·
	08/15/2024 May, Mercer					\$25.00
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 5)		
		Government Affairs	Teladoc Health, Inc.	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	07/31/2024	Murthy, Mala				\$208.33
		Contributor address; City; State; Zip Code				• -
		Purchase, NY 10577				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	CFO		Teladoc Health, Inc.			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Murthy, Mala				\$208.33
		Contributor address; City; State; Zip Code				
		Purchase, NY 10577				
\vdash	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> וו		
	CFO		Teladoc Health, Inc.	"		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	07/31/2024	Full name of contributor out-of-state PAC (ID#: Sackrider, Susan	/			\$25.00
	011011202	Contributor address; City; State; Zip Code				420.00
	Continuator address, City, State, Zip Code					
		Purchase, NY 10577				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Mana	ager, HR Operations	Teladoc Health, Inc.			
I I						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	alth, Inc. Political Action Committee		00080542
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/15/2024	Sackrider, Susan		\$25.00
	6 Contributor address; City; State; Zip Code		1
	Purchase, NY 10577		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Senior Mana	ager, HR Operations	Teladoc Health, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/31/2024	Serio, Lou		\$25.00
	Contributor address; City; State; Zip Code		•
	Purchase, NY 10577		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Associate Di	irector, Public Affairs	Teladoc Health, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/15/2024	Serio, Lou		\$25.00
	Contributor address; City; State; Zip Code		1
	Purchase, NY 10577	1	
	Ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Associate IU	irector, Public Affairs	Teladoc Health, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/31/2024	Spell, Sheila		\$41.67
	Contributor address; City; State; Zip Code		
	Purchase, NY 10577		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
•	Clinical Program Development	Teladoc Health, Inc.	"
Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Spell, Sheila)	Amount of Contribution (\$) \$41.67
00/10/2024			ψ+±.07
	Contributor address; City; State; Zip Code		
	Purchase, NY 10577		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
-	Clinical Program Development	Teladoc Health, Inc.	

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/11		
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	alth, Inc. Political Action Committee		00080542	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/31/2024				\$208.33
	6 Contributor address; City; State; Zip Code			
	Purchase, NY 10577			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Senior VP,	Business Development	Teladoc Health, Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	Amount of Contribution (\$)		
08/15/2024	08/15/2024 Turitz, Andrew M.			\$208.33
	Contributor address; City; State; Zip Code			
	Purchase, NY 10577			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Senior VP,	Business Development	Teladoc Health, Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/31/2024				\$62.50
	Contributor address; City; State; Zip Code			
	Purchase, NY 10577			
	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Vice Presid	ent, Global B2B Marketing	Teladoc Health, Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/15/2024				\$62.50
	Contributor address; City; State; Zip Code		•	
	Purchase, NY 10577			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Vice Presid	ent, 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.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 9/11			
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Teladoc Hea	alth	Inc. Political Action Committee		00080542		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	08/25/2024		TELADOC HEALTH, INC.				669.50

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Y - Git/Awards/Memorials Expense Polling Expense al Committee Legal Services Painting Expense The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:								
Sch: 1/1 Rpt: 10/11	Teladoc Health, Inc. Political Action Committee 00080542							
4 Date 07/31/2024	5 Payee name Brett Guthrie for Congress							
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO 9639							
corporate funds	Bowling Green, KY 42102							
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/OI	Candidate/Officeholder name Office sought Office held H							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule K: Sch: 1/1 Rpt: 11/11			
2	FILER NAME			3	Filer I	D (Ethics Commiss	ion Filers)	
	Teladoc Hea	lth	, Inc. Political Action Committee		8000	0542		
4	Date	5	Name of person from whom amount is received	-		8 Amount (\$)		
	08/20/2024		Alabama House Majority PAC				\$1,000.00	
		6	Address of person from whom amount is received; City; State; Zip Code					
			Rainsville, AL 35986					
		7	Purpose for which amount is received X Check if p	oliti	cal con	tribution returned to f	iler	
						1		
	Date		Name of person from whom amount is received			Amount (\$)	#1 000 00	
	08/20/2024		Bryan Hughes for Texas Senate				\$1,000.00	
			Address of person from whom amount is received; City; State; Zip Code					
			Mineola, TX 75773					
		⊢		oliti	cal con	I tribution returned to f	iler	
				/0110				
_	Date		Name of person from whom amount is received			Amount (\$)		
	08/20/2024		Lori Trahan for Congress Committee			/ inount (\$)	\$1,000.00	
			Address of person from whom amount is received; City; State; Zip Code				+_,	
			Lowell, MA 01853					
			Purpose for which amount is received X Check if p	oliti	cal con	tribution returned to f	iler	
	Date		Name of person from whom amount is received			Amount (\$)		
	08/20/2024		Tan Parker Campaign				\$1,000.00	
			Address of person from whom amount is received; City; State; Zip Code					
			Flower Mound, TX 75027					
		⊢		oliti	cal con	tribution returned to f	ilor	
				Jointi				
_		I						