

**MONTHLY FILING GENERAL-PURPOSE  
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC  
COVER SHEET PG 1**

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080542	<b>2</b> Total pages filed: 10	
<b>3</b> COMMITTEE NAME Teladoc Health, Inc. Political Action Committee		<b>OFFICE USE ONLY</b>		
		Date Received ELECTRONICALLY FILED 10/03/2024		
<b>4</b> COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965		Date Hand-delivered or Date Postmarked	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Darrin	Receipt # Amount		Date Processed
	NICKNAME LAST SUFFIX Lim	Date Imaged		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965			
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965			
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 903-2800			
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
<b>10</b> MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
<b>11</b> PERIOD COVERED	Month Day Year 08/26/2024		THROUGH Month Day Year 09/25/2024	

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Teladoc Health, Inc. Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00080542
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,305.49
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 164,518.55
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Darrin Lim  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed 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 officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Teladoc Health, Inc. Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00080542
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,999.99
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 305.50
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Addis, Alice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) VP of Account Management		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cave, James <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Controller		Employer (See Instructions) Teladoc Health, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cave, James <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Controller		Employer (See Instructions) Teladoc Health, Inc.
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dias, Armando <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Vice President IT Operations		Employer (See Instructions) Teladoc Health, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dias, Armando <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Vice President IT Operations		Employer (See Instructions) Teladoc Health, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Jerome <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Print Fulfillment		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Jerome <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Director of Print Fulfillment		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Kevin <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$208.33
<b>Principal occupation / Job title (See Instructions)</b> Head of Government Affairs		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Kevin <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$208.33
<b>Principal occupation / Job title (See Instructions)</b> Head of Government Affairs		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Mercer <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Director of Government Affairs		<b>Employer (See Instructions)</b> Teladoc Health, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Mercer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Government Affairs		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murthy, Mala <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Teladoc Health, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murthy, Mala <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Teladoc Health, Inc.
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sackrider, Susan <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Senior Manager, HR Operations		Employer (See Instructions) Teladoc Health, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sackrider, Susan <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Senior Manager, HR Operations		Employer (See Instructions) Teladoc Health, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serio, Lou <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Associate Director, Public Affairs		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serio, Lou <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Associate Director, Public Affairs		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spell, Sheila <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$41.67
<b>Principal occupation / Job title (See Instructions)</b> Director of Clinical Program Development		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spell, Sheila <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$41.67
<b>Principal occupation / Job title (See Instructions)</b> Director of Clinical Program Development		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turitz, Andrew M. <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$208.33
<b>Principal occupation / Job title (See Instructions)</b> Senior VP, Business Development		<b>Employer (See Instructions)</b> Teladoc Health, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turitz, Andrew M. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) Senior VP, Business Development		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whipple, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$62.50
<b>Principal occupation / Job title (See Instructions)</b> Vice President, Global B2B Marketing		<b>Employer (See Instructions)</b> Teladoc Health, Inc.
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whipple, Laura <hr/> <b>Contributor address; City; State; Zip Code</b>  Purchase, NY 10577	<b>Amount of Contribution (\$)</b>  \$62.50
<b>Principal occupation / Job title (See Instructions)</b> Vice President, Global B2B Marketing		<b>Employer (See Instructions)</b> Teladoc Health, Inc.



**NON-MONETARY SUPPORT FROM CORPORATION  
OR LABOR ORGANIZATION**

**SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 9/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 09/25/2024	<b>5</b> Corporation / Labor Organization name TELADOC HEALTH, INC.	<b>6</b> Amount (\$) 305.50

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 10/10	<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00080542
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<b>4</b> Date 09/17/2024	<b>5</b> Payee name Bilirakis for Congress
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 606  Tarpon Springs, FL 34688
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2024	Payee name Diana DeGette for Congress
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 61337  Denver, CO 80206
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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