#### 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** 11/04/2024 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 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	Principle April 200 Committee		13 File		(Ethics Commission Filers)
Teladoc Health, Inc. Po	litical Action Committee		000	30542	
4 COMMITTEE	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			
	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.)				
.5 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER 1	THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA	· -		\$	
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF LO	ANS)	*	1,705.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	3,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE PERIOD	HE LAST DAY	\$	162,918.55
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	S AS OF THE	\$	0.00
.6 AFFIDAVIT	1			<u> </u>	
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	s all information r	at the ace	ccompanying report is to be reported by me
			Mr. Darrin Lir	n	
		Signatu	ure of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		. this the		day
		which, witness my hand and seal of office.	,		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

	_	3 of 10
17 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee	<b>18</b> Filer ID 00080542	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CON	TRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPO	ORATION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION LABOR ORGANIZATION	S FROM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION	ON OR LABOR ORGANIZATION	\$
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPOR	RATION OR LABOR	\$ 305.50
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPOR.	ATION OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL	AL CONTRIBUTIONS	\$ 3,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLIT	ICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLIT	ICAL CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to co	omplete this form.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
2	PILER NAME Teladoc Health, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	ı Filers)	
4	Date 09/30/2024	Cave, James	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
Ĭ	VP, Corpora	•	Teladoc Health, Inc.	10)		
	Date 10/15/2024	Full name of contributor out Cave, James  Contributor address; City; State; Zip  Purchase, NY 10577	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	VP, Corpora	te Controller	Teladoc Health, Inc.			
	Date 09/30/2024	Full name of contributor out Dias, Armando Contributor address; City; State; Zip	of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577	T	Ţ		
	•	pation / Job title (See Instructions) ent IT Operations	Employer (See Instruction Teladoc Health, Inc.	าร)		
	Date 10/15/2024	Dias, Armando  Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$41.67
	Delegate at a second	Purchase, NY 10577	Family and Construction			
	•	pation / Job title (See Instructions) ent IT Operations	Employer (See Instruction Teladoc Health, Inc.	15)		
	Date 09/30/2024	Gonzales, Jerome	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Director of P	rint Fulfillment	Teladoc Health, Inc.			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10		
2	FILER NAME Teladoc Hea	FILER NAME Teladoc Health, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
		rint Fulfillment		Teladoc Health, Inc.	,		
	Date 09/30/2024	Full name of contributor out-of-state PAC Harper, Kevin Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	s)		
	Head of Government Affairs  Teladoc Health, Inc.  Date  Full name of contributor  Out-of-state PAC (ID#:		Teladoc Health, IIIc.		Amount of Contribution (\$)		
	10/15/2024	Harper, Kevin  Contributor address; City; State; Zip Code				,	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions) ernment Affairs		Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC May, Mercer  Contributor address; City; State; Zip Code  Purchase, NY 10577		)		Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)  Director of Government Affairs  Employer (See Instructions)  Teladoc Health, Inc.		Employer (See Instructions Teladoc Health, Inc.	5)				
	Date 10/15/2024	Full name of contributor out-of-state PAC May, Mercer Contributor address; City; State; Zip Code  Purchase, NY 10577		)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of G	overnment Affairs		Teladoc Health, Inc.			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10		
2	FILER NAME Teladoc Hea	LER NAME eladoc Health, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	n Filers)	
4	Date 10/15/2024	<ul><li>5 Full name of contributor [ Miller, Bryce</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
		ent, Primary 360		Teladoc Health, Inc.	,		
	Date 09/30/2024	Full name of contributor [ Murthy, Mala Contributor address; City; Sta				Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	s)		
	Date 10/15/2024	Full name of contributor  Murthy, Mala  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 09/30/2024	Full name of contributor Sackrider, Susan Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)  nger, HR Operations		Employer (See Instructions Teladoc Health, Inc.	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Sackrider, Susan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Mana	ger, HR Operations		Teladoc Health, Inc.			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	plete this form.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10	
2	Priler Name Teladoc Health, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	ı Filers)	
4	Date 09/30/2024	Serio, Lou	de PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Delicalization	Purchase, NY 10577	O Frankrije (Oar kratinskin			
8	•	pation / Job title (See Instructions) rector, Public Affairs	9 Employer (See Instruction Teladoc Health, Inc.	ons)		
	Date 10/15/2024	Serio, Lou  Contributor address; City; State; Zip Cod	de PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Associate Di	rector, Public Affairs	Teladoc Health, Inc.	ŕ		
	Date 09/30/2024	Spell, Sheila	date PAC (ID#:) de		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577				
		pation / Job title (See Instructions) linical Program Development	Employer (See Instruction Teladoc Health, Inc.	ns)		
	Date 10/15/2024	Spell, Sheila	tate PAC (ID#:) de		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577				
	•	pation / Job title (See Instructions) linical Program Development	Employer (See Instruction Teladoc Health, Inc.	ns)		
	Date 09/30/2024	Whipple, Laura	tate PAC (ID#:) de		Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	vice Preside	nt, Global B2B Marketing	Teladoc Health, Inc.			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10	
2	FILER NAME	alth, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$62.50
8		Purchase, NY 10577 pation / Job title (See Instructions) ent, Global B2B Marketing	9 Employer (See Instructions Teladoc Health, Inc.	s)

# 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 (\$) 10/25/2024 TELADOC HEALTH, INC. 305.50

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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
OTHER (carbot a extension not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 10/10	Teladoc Health, Inc. Political Action Committee 00080542
4 Date	5 Payee name
10/24/2024	Herb Conaway for Congress
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 493
·	
Expenditure from	Willingboro, NJ 08046
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	<u> </u>
Date	Payee name
10/14/2024	Matsui for Congress
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1738
Expenditure from corporate funds	Sacramento, CA 95812
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/26/2024	Pallone for Congress
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 3176
φ1,500.00	T.O. BOX SITU
Expenditure from	
corporate funds	Long Branch, NJ 07740
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Continuation
Complete CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	