#### 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** 12/03/2024 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** 10/26/2024 11/25/2024

### 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	9	000	080542	
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		POLITICAL CONTRIBUTIONS (C			
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, O IADE ELECTRONICALLY) qualifies for the higher itemization thres		\$	0.00
	2. TOTAL POLITICA			<b> </b>	
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES	S OF LOANS)	<b> </b> \$	1,776.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	20.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED A G PERIOD	S OF THE LAST DAY	\$	164,323.55
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING REPORTING PERIOD	LOANS AS OF THE	\$	0.00
L6 AFFIDAVIT	1				
		I swear, or affirm, ur true and correct and under Title 15, Elect	nder penalty of perjury, t I includes all information tion Code.	hat the a required	accompanying report is d to be reported by me
			Mr. Darrin L	im	
			Signature of Campaign	n Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said		. this the		day
		which, witness my hand and seal o			
	- · · · · · · · · · · · · · · · · · · ·	,			
Signature of officer ad	ministering oath	Printed name of officer administeri	ing oath Tit	le of offic	cer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

					3 of 10
<b>17</b> CON	имітте	E NAME	18 Filer ID	(Ethics Commission	n Filers)
l		ealth, Inc. Political Action Committee	00080542	(	,
		E SUBTOTALS		T	
		SCHEDULE		SUBTOTAL A	MOUNT
INAIV	il Oi .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,425.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	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		\$	351.00
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	20.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/10	
2	FILER NAME Teladoc Hea	FILER NAME Teladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	r Filers)
4	Date 10/31/2024	<ul><li>5 Full name of contributor Cave, James</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu VP, Corpora		)	Employer (See Instructions     Teladoc Health, Inc.	5)		
	Date 11/15/2024	Full name of contributor  Cave, James  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Purchase, NY 10577  Principal occupation / Job title (See Instructions)  VP, Corporate Controller  Employer (See Instruct Teladoc Health, Inc.			Employer (See Instructions Teladoc Health, Inc.	<u> </u> 5)		
	Date 10/31/2024	Full name of contributor Dias, Armando Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577					
		pation / Job title (See Instructions ent IT Operations	)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 11/15/2024	Full name of contributor Dias, Armando Contributor address; City; St Purchase, NY 10577	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$41.67
		I pation / Job title (See Instructions ent IT Operations	)	Employer (See Instructions Teladoc Health, Inc.	<u>(</u>		
	Date 10/31/2024	Full name of contributor Gonzales, Jerome Contributor address; City; St Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions rint Fulfillment	)	Employer (See Instructions Teladoc Health, Inc.	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Commi	ttee		3	Filer ID (Ethics Commission 00080542	n Filers)
4		Full name of contributor     Gonzales, Jerome     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	Ig	Employer (See Instructions	s)		
•		rint Fulfillment		Teladoc Health, Inc.	-,		
	Date 10/31/2024	Full name of contributor [ Harper, Kevin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577		5 1 (0 1 1 1	<u></u>		
		pation / Job title (See Instructions) rernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 11/15/2024	Full name of contributor [ Harper, Kevin Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
		pation / Job title (See Instructions) rernment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 10/31/2024	Full name of contributor May, Mercer Contributor address; City; Sta Purchase, NY 10577		)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 11/15/2024	Full name of contributor May, Mercer Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Teladoc Health, Inc.	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/10		
2	FILER NAME	ulth, Inc. Political Action Comm	iittoo		3	Filer ID (Ethics Commission 00080542	n Filers)	
_			_		Ļ			
4	Date 10/31/2024	<ul><li>5 Full name of contributor</li><li>Miller, Bryce</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:	)	′	Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577						
8		pation / Job title (See Instructions)	)	Employer (See Instructions	5)			
	Vice Preside	nt, Primary 360		Teladoc Health, Inc.				
	Date 11/15/2024	Full name of contributor Miller, Bryce Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577						
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)			
	Vice Preside	nt, Primary 360		Teladoc Health, Inc.				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$208.33		
		Purchase, NY 10577						
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u>L</u>			
	CFO			Teladoc Health, Inc.	•			
	Date 11/15/2024	Full name of contributor Murthy, Mala Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33	
	Principal occu CFO	pation / Job title (See Instructions		Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 10/31/2024	Full name of contributor Sackrider, Susan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	s)			
	Senior Mana	ger, HR Operations		Teladoc Health, Inc.				

	MONETARY POLITICAL CONTRIBUTIONS				E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/10	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Commi	ttee		3	Filer ID (Ethics Commission 00080542	ı Filers)
4	Date 11/15/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Senior Manager, HR Operations  Teladoc Health, Inc.  Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 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.	5)		
	Date 11/15/2024	Full name of contributor Serio, Lou Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577	1				
		pation / Job title (See Instructions) rector, Public Affairs		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 10/31/2024	Full name of contributor Spell, Sheila Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$41.67
	·	pation / Job title (See Instructions)		Employer (See Instructions Teladoc Health, Inc.	<u>(</u>		
	Date 11/15/2024	Full name of contributor Spell, Sheila Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) linical Program Development		Employer (See Instructions Teladoc Health, Inc.	5)		

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10  2 FILLER NAME Teladoc Health, Inc. Political Action Committee  3 Filer ID (Ethics Commission 00080542  4 Date 10/31/2024 Whipple, Laura 6 Contributor address; City; State, Zip Code Purchase, NY 10577  8 Principal occupation / Job title (See instructions) Yice President, Global B2B Marketing  Date 11/15/2024 Whipple, Laura Contributor address; City; State, Zip Code Purchase, NY 10577  Principal occupation / Job title (See instructions) Yice President, Global B2B Marketing  Employer (See Instructions) Teladoc Health, Inc.  Amount of Contribution (\$)  Amount of Contribution (\$)  Teladoc Health, Inc.  Teladoc Health, Inc.  Teladoc Health, Inc.	E <b>A1</b>
Teladoc Health, Inc. Political Action Committee  Date 10/31/2024   S Full name of contributor   out-of-state PAC (ID#:	
4 Date 10/31/2024   5 Full name of contributor	า Filers)
Principal occupation / Job title (See Instructions) Vice President, Global B2B Marketing  Pate Full name of contributor Unity State; Zip Code  Purchase, NY 10577  Principal occupation / Job title (See Instructions)  Perincipal occupation / Job title (See Instructions)	\$62.50
Vice President, Global B2B Marketing  Teladoc Health, Inc.  Date Full name of contributor out-of-state PAC (ID#:	
11/15/2024 Whipple, Laura  Contributor address; City; State; Zip Code  Purchase, NY 10577  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	\$62.50

# 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 (\$) 11/25/2024 TELADOC HEALTH, INC. 351.00

### 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 Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 10/10	Teladoc Health, Inc. Political Action Committee	00080542
4 Date	5 Payee name	
11/01/2024	Bank of Marin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	2656 Bridgeway	
Expenditure from corporate funds	Sausalito, CA 94965	
8 PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Cince Held
Dete		
Date	Payee name	
11/20/2024	Bank of Marin	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	2656 Bridgeway	
Expenditure from		
corporate funds	Sausalito, CA 94965	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense  Bank Fee
		Dalik Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		t Office field