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** 01/03/2025 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 X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

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. Political Action Committee 000				
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 PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,921.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	70.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	165,778.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Da	rrin Lim	
		Signature of Car		urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis 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 office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 10						
17 COMMITT	EE NAME	(Ethics Commission F	-ilers)			
Teladoc F						
19 SCHEDUL NAME OF	SUBTOTAL AMO	TNUC				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,525.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$			
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	396.50		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9.	\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	70.00			
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE			
	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 Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	r Filers)		
4			7	Amount of Contribution (\$)	\$25.00			
8	Principal occu VP, Corpora)	Employer (See Instructions Teladoc Health, Inc.) s)			
	Date 12/13/2024	Full name of contributor Cave, James Contributor address; City; Si Purchase, NY 10577	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu VP, Corpora	pation / Job title (See Instructions)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)			
	Date 11/29/2024	Full name of contributor Dias, Armando Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$41.67	
		Purchase, NY 10577	, Γ	5 1 (0 1 1 1	<u></u>			
		pation / Job title (See Instructions ent IT Operations)	Employer (See Instructions Teladoc Health, Inc.	5)			
	Date 12/13/2024	Full name of contributor Dias, Armando Contributor address; City; Si Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.67	
		pation / Job title (See Instructions ent IT Operations)	Employer (See Instructions Teladoc Health, Inc.	<u>s)</u>			
	Date 11/29/2024	Full name of contributor Gonzales, Jerome Contributor address; City; Si 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.	s)			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/10	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
		Feladoc Health, Inc. Political Action Committee				00080542	
4	Date 12/13/2024 5 Full name of contributor out-of-state PAC (ID#:) Gonzales, Jerome 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
		Purchase, NY 10577					
8		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of P	rint Fulfillment		Teladoc Health, Inc.			
	Date Full name of contributor out-of-state PAC (ID#:) 11/29/2024 Harper, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$208.33		
		Purchase, NY 10577					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Head of Gov	rernment Affairs		Teladoc Health, Inc.			
	Date 12/13/2024	Full name of contributor Harper, Kevin Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
		Purchase, NY 10577					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		rernment Affairs	·	Teladoc Health, Inc.	,		
	Date 12/16/2024	Full name of contributor Lim, Darrin Contributor address; City; St Sausalito, CA 94965	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 11/29/2024	Full name of contributor May, Mercer Contributor address; City; St. Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of G	overnment Affairs		Teladoc Health, Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	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 Teladoc Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	n Filers)	
4			7	Amount of Contribution (\$)	\$25.00		
8		Purchase, NY 10577 pation / Job title (See Instructions) overnment Affairs	9	9 Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 11/29/2024	Full name of contributor Miller, Bryce Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ent, Primary 360		Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 12/13/2024	Full name of contributor Miller, Bryce Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
		pation / Job title (See Instructions) ent, Primary 360		Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 11/29/2024	Full name of contributor Murthy, Mala Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$208.33
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions))	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 12/13/2024	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)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	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 Health, Inc. Political Action Committee			3	Filer ID (Ethics Commission 00080542	r Filers)	
4	Date 11/29/2024 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		Purchase, NY 10577 pation / Job title (See Instructions) ager, HR Operations	9	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 12/13/2024	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) uger, HR Operations		Employer (See Instructions Teladoc Health, Inc.	<u> </u> ;)		
	Date 12/13/2024	Full name of contributor Serio, Lou Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing! goog	Purchase, NY 10577 pation / Job title (See Instructions)		Employer (See Instructions			
		rector, Public Affairs		Teladoc Health, Inc.	•)		
	Date 11/29/2024	Full name of contributor Serio, Lou Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) rector, Public Affairs		Employer (See Instructions Teladoc Health, Inc.	<u>(</u>		
	Date 11/29/2024	Full name of contributor Spell, Sheila Contributor address; City; Sta Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) linical Program Development		Employer (See Instructions Teladoc Health, Inc.	5)		

MONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
The Instri	uction Guide explains how to complete this fo	1 Total pages Sch: 5/5 R	Schedule A1:		
2 FILER NAMI Teladoc He	ealth, Inc. Political Action Committee		3 Filer ID (E 00080542	Ethics Commission	Filers)
4 Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Spell, Sheila 6 Contributor address; City; State; Zip Code)	7 Amount of C	Contribution (\$)	\$41.67
	Purchase, NY 10577				
	cupation / Job title (See Instructions) Clinical Program Development	9 Employer (See Instructions Teladoc Health, Inc.	5)		
Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code)	Amount of C	Contribution (\$)	\$62.50
	Purchase, NY 10577				
	cupation / Job title (See Instructions) lent, Global B2B Marketing	Employer (See Instructions Teladoc Health, Inc.	5)		
Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code)	Amount of C	Contribution (\$)	\$62.50
Principal occ	Purchase, NY 10577 cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
· ·	lent, Global B2B Marketing	Teladoc Health, Inc.	,		

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 (\$) 12/25/2024 TELADOC HEALTH, INC. 396.50

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	<u>_</u>
Sch: 1/1 Rpt: 10/10	Teladoc Health, Inc. Political Action Committee 00080542
4 Date	5 Payee name
12/03/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/17/2024	Bank of Marin
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	2656 Bridgeway
Expenditure from corporate funds	Sausalito, CA 94965
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fee
0 1: 01:147	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/23/2024	California Secretary of State
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	1500 11th Street
Expenditure from corporate funds	Sacramento, CA 95814
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Contribution
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	