



# 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)	\$ 1,921.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 70.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 165,778.55
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	\$ 1,525.00
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	\$ 396.50
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	\$ 70.00
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 11/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cave, James <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) VP, Corporate Controller		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 12/13/2024	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 11/29/2024	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 12/13/2024	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.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Jerome <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director of Print Fulfillment		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 12/13/2024	<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.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Kevin <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Head of Government Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Kevin <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Head of Government Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lim, Darrin <hr/> Contributor address; City; State; Zip Code  Sausalito, CA 94965	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Mercer <hr/> 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.

# 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 12/13/2024	<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 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Bryce <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Vice President, Primary 360		Employer (See Instructions) Teladoc Health, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Bryce <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Vice President, Primary 360		Employer (See Instructions) Teladoc Health, Inc.
Date 11/29/2024	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 12/13/2024	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		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 Filers) 00080542
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sackrider, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Purchase, NY 10577	
8 Principal occupation / Job title (See Instructions) Senior Manager, HR Operations		9 Employer (See Instructions) Teladoc Health, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sackrider, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Purchase, NY 10577	
Principal occupation / Job title (See Instructions) Senior Manager, HR Operations		Employer (See Instructions) Teladoc Health, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serio, Lou	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Purchase, NY 10577	
Principal occupation / Job title (See Instructions) Associate Director, Public Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serio, Lou	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Purchase, NY 10577	
Principal occupation / Job title (See Instructions) Associate Director, Public Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spell, Sheila	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code  Purchase, NY 10577	
Principal occupation / Job title (See Instructions) Director of Clinical Program Development		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: 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 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spell, Sheila <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Director of Clinical Program Development		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
<b>Date</b> 11/29/2024	<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> 12/13/2024	<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 12/25/2024	<b>5</b> Corporation / Labor Organization name TELADOC HEALTH, INC.	<b>6</b> Amount (\$) 396.50

# 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)

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 12/03/2024	<b>5</b> Payee name Bank of Marin
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<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2656 Bridgeway  Sausalito, CA 94965
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<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 Bank Fee
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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 12/17/2024	Payee name Bank of Marin
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Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2656 Bridgeway  Sausalito, CA 94965
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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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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Date 12/23/2024	Payee name California Secretary of State
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Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1500 11th Street  Sacramento, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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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