

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080542		2 Total pages filed: 12	
3 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Darrin <hr/> NICKNAME LAST SUFFIX Lim				
6 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				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 903-2800				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" 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				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/26/2025 04/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee	13 Filer ID (Ethics Commission Filers) 00080542
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,089.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 138,647.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00080542
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,654.17
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	\$ 435.50
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	\$ 10,000.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bossaller, Dawn <hr/> 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Director, Health Plan Strategy and Sales		9 Employer (See Instructions) Teladoc Health, Inc.
Date 03/31/2025	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 04/15/2025	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 03/31/2025	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 04/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Jerome 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Print Fulfillment		9 Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Jerome 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.
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Kevin 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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Kevin 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 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Mercer <hr/> 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Government Affairs		9 Employer (See Instructions) Teladoc Health, Inc.
Date 03/31/2025	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 04/15/2025	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 03/31/2025	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 04/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sackrider, Susan <hr/> 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Manager, HR Operations		9 Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	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 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serio, Lou <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Director, Public Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serio, Lou <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Director, Public Affairs		Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Hunter <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Vice President, Government Markets		Employer (See Instructions) Teladoc Health, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorget, Genna <hr/> 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Vice President, Complex Health Plans - US Group Health		9 Employer (See Instructions) Teladoc Health, Inc.
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spell, Sheila <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Director of Clinical Program Development		Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spell, Sheila <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Director of Clinical Program Development		Employer (See Instructions) Teladoc Health, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenrud, Chris <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Chief Communications & Brand Officer		Employer (See Instructions) Teladoc Health, Inc.
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Laura <hr/> Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Vice President, Global B2B Marketing		Employer (See Instructions) Teladoc Health, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 6/6 Rpt: 9/12

2 FILER NAME

Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00080542

4 Date

04/15/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Whipple, Laura

7 Amount of Contribution (\$)

\$62.50

6 Contributor address; City; State; Zip Code

Purchase, NY 10577

8 Principal occupation / Job title (See Instructions)

Vice President, Global B2B Marketing

9 Employer (See Instructions)

Teladoc Health, Inc.

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 10/12

2 FILER NAME

Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00080542

4 Date

04/25/2025

5 Corporation / Labor Organization name

TELADOC HEALTH, INC.

6 Amount (\$)

435.50

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	2 FILER NAME Teladoc Health, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00080542
4 Date 04/17/2025	5 Payee name Angie Craig for Congress	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 22116 Eagan, MN 55122	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2025	Payee name HOOPS PAC	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 3314 Portland, OR 97208	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2025	Payee name Scalise Leadership Fund	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 1st Street, SE 2nd Floor Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	2 FILER NAME Teladoc Health, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00080542
4 Date 04/10/2025	5 Payee name Terri Sewell for Congress	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1964 Birmingham, AL 35201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held