

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: 10	
3 COMMITTEE NAME Teladoc Health, Inc. Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/02/2025 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 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	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☐ August 5 ☐ November 5 ☐ March 5 ☐ June 5 ☒ September 5 ☐ December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025				

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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
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) ☐ check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,095.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 127,732.72
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
3 of 10

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.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,725.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☒ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 370.50
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ 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: 4/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 07/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bossaller, Dawn 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 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bossaller, Dawn Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Director, Health Plan Strategy and Sales		Employer (See Instructions) Teladoc Health, Inc.
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cave, James 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 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cave, James 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 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dias, Armando 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: 5/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dias, Armando 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Vice President IT Operations		9 Employer (See Instructions) Teladoc Health, Inc.
Date 07/31/2025	Full name of contributor ☐ 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 08/15/2025	Full name of contributor ☐ 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 07/31/2025	Full name of contributor ☐ 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 08/15/2025	Full name of contributor ☐ 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 07/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) May, Mercer 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 08/15/2025	Full name of contributor ☐ 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.
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Miller, Bryce 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 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Miller, Bryce 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 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Murthy, Mala 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: 7/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Murthy, Mala 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$208.33
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Teladoc Health, Inc.
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sackrider, Susan 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 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sackrider, Susan 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 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Serio, Lou 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 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Serio, Lou 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 07/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Setter, Chris 6 Contributor address; City; State; Zip Code Purchase, NY 10577	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RVP Client Strategy		9 Employer (See Instructions) Teladoc Health, Inc.
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Setter, Chris Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RVP Client Strategy		Employer (See Instructions) Teladoc Health, Inc.
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sinclair, Hunter 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.
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sinclair, Hunter 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.
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sorget, Genna Contributor address; City; State; Zip Code Purchase, NY 10577	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Vice President, Complex Health Plans - US Group Health		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: 9/10
2 FILER NAME Teladoc Health, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00080542
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sorget, Genna 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 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Whipple, Laura 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.
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Whipple, Laura 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.

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: 10/10

2 FILER NAME

Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00080542

4 Date

08/25/2025

5 Corporation / Labor Organization name

TELADOC HEALTH, INC.

6 Amount (\$)

370.50