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: 11

3 COMMITTEE NAME
Teladoc Health, Inc. Political Action Committee

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
10/01/2025

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

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

[ ] January 5	[ ] April 5	[ ] July 5	[X] October 5
[ ] February 5	[ ] May 5	[ ] August 5	[ ] November 5
[ ] March 5	[ ] June 5	[ ] September 5	[ ] December 5

11 PERIOD COVERED

Month Day Year: 08/26/2025 THROUGH Month Day Year: 09/25/2025

GO TO PAGE 2

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	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	$ 0.00
	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	$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 124,457.72
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

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Teladoc Health, Inc. Political Action Committee	00080542

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	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.	[X]	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	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 5,000.00
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: 4/11

2 FILER NAME: Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers): 00080542

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/29/2025	Bossaller, Dawn	$62.50
	6 Contributor address; City; State; Zip Code: Purchase, NY 10577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director, Health Plan Strategy and Sales	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Bossaller, Dawn	$62.50
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director, Health Plan Strategy and Sales	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Cave, James	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP, Corporate Controller	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Cave, James	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP, Corporate Controller	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Dias, Armando	$41.67
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President IT Operations	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: 5/11

2 FILER NAME: Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers): 00080542

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/15/2025	Dias, Armando	$41.67
	6 Contributor address; City; State; Zip Code: Purchase, NY 10577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Vice President IT Operations	Teladoc Health, Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/29/2025	Gonzales, Jerome	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Print Fulfillment	Teladoc Health, Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/15/2025	Gonzales, Jerome	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Print Fulfillment	Teladoc Health, Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/29/2025	Harper, Kevin	$208.33
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Head of Government Affairs	Teladoc Health, Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/15/2025	Harper, Kevin	$208.33
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Head of Government Affairs	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: 6/11

2 FILER NAME: Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers): 00080542

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/29/2025	May, Mercer	$25.00
	6 Contributor address; City; State; Zip Code: Purchase, NY 10577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director of Government Affairs	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	May, Mercer	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Government Affairs	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Miller, Bryce	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Primary 360	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Miller, Bryce	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Primary 360	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Murthy, Mala	$208.33
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CFO	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: 7/11

2 FILER NAME: Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers): 00080542

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/15/2025	Murthy, Mala	$208.33
	6 Contributor address; City; State; Zip Code: Purchase, NY 10577	
8 Principal occupation / Job title (See Instructions): CFO	**9** Employer (See Instructions): Teladoc Health, Inc.	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/29/2025	Sackrider, Susan	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/15/2025	Sackrider, Susan	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/29/2025	Serio, Lou	$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	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/15/2025	Serio, Lou	$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.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/11

2 FILER NAME: Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers): 00080542

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/29/2025	Setter, Chris	$25.00
	6 Contributor address; City; State; Zip Code: Purchase, NY 10577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
RVP Client Strategy	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Setter, Chris	$25.00
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RVP Client Strategy	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Sinclair, Hunter	$41.67
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Government Markets	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Sinclair, Hunter	$41.67
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Government Markets	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Sorget, Genna	$62.50
	Contributor address; City; State; Zip Code: Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Complex Health Plans - US Group Health	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: 9/11

2 FILER NAME
Teladoc Health, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00080542

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/15/2025	Sorget, Genna	$62.50
	6 Contributor address; City; State; Zip Code Purchase, NY 10577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Vice President, Complex Health Plans - US Group Health	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/29/2025	Whipple, Laura	$62.50
	Contributor address; City; State; Zip Code Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Global B2B Marketing	Teladoc Health, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/15/2025	Whipple, Laura	$62.50
	Contributor address; City; State; Zip Code Purchase, NY 10577	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Global B2B Marketing	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: 10/11
2 FILER NAME Teladoc Health, Inc. Political Action Committee		**3** Filer ID (Ethics Commission Filers) 00080542
4 Date 09/25/2025	**5** Corporation / Labor Organization name TELADOC HEALTH, INC.	**6** Amount ($) 370.50

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 11/11	Teladoc Health, Inc. Political Action Committee	00080542

4 Date	5 Payee name
09/25/2025	Jeffries for Congress

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	PO Box 65322
☐ Expenditure from corporate funds	Washington, DC 20035

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
09/17/2025	Jimmy Panetta for Congress

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	PO Box 103
☐ Expenditure from corporate funds	Carmel Valley, CA 93924

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
09/25/2025	Schneider for Congress

Amount ($)	Payee address; City; State; Zip Code
$1,500.00	PO Box 1318
☐ Expenditure from corporate funds	Deerfield, IL 60015

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held