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** 11/04/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **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** 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 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** 09/26/2025 10/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer	ID	(Ethics Commission Filers)
Teladoc Health, Inc. Pol	itical Action Committee	e			80542	(1 11 11 11 11 11 11 11 11 11 11 11 11
4 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				
		A Companied				
	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.)					
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEE MADE ELECTRON	ICALLY)		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		I ONS R GUARANTEES OF LOANS)		\$	2,095.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXP	PENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUR	RES		\$	6,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		MAINTAINED AS OF THE LA	ST DAY	\$	119,682.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		OUTSTANDING LOANS AS C	OF THE	\$	0.00
6 AFFIDAVIT						
		true	vear, or affirm, under penalty of e and correct and includes all in der Title 15, Election Code.			
			Mr.	Darrin Lim	1	
			Signature of			er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			_, this the		day
of						
Signature of officer adr	ministering oath	Printed name of c	officer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 11				
7 COMMITTEE NAME 18 Filer ID						
ealth, Inc. Political Action Committee	00080542					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,725.00				
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$				
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 370.50				
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9. SCHEDULE E: LOANS						
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$					
	Auth, Inc. Political Action Committee SUBTOTALS CHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	Auth, Inc. Political Action Committee SUBTOTALS CHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C5: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C6: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/11	
2	FILER NAME	ulth, Inc. Political Action Committe	۵		3	Filer ID (Ethics Commission 00080542	r Filers)
_		_)	_		
4	Date 09/30/2025			,	Amount of Contribution (\$)	\$62.50	
		Purchase, NY 10577					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Director, Hea	alth Plan Strategy and Sales		Teladoc Health, Inc.			
	Date 10/15/2025	Full name of contributor Bossaller, Dawn Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$62.50
		Purchase, NY 10577					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director, Hea	alth Plan Strategy and Sales		Teladoc Health, Inc.			
	Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
09/30/2025		Cave, James	out of state 1710 (1211	/		7 another 51 55 minutes (4)	\$25.00
		Contributor address; City; State;	Zip Code				
		Purchase, NY 10577					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Corpora	te Controller		Teladoc Health, Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/15/2025	Cave, James Contributor address; City; State;				`	\$25.00
		Purchase, NY 10577					
	Principal occu VP, Corpora	pation / Job title (See Instructions) te Controller		Employer (See Instructions Teladoc Health, Inc.)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2025	Dias, Armando					\$41.67
		Contributor address; City; State; Purchase, NY 10577	Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Preside	nt IT Operations		Teladoc Health, Inc.			
			1				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/11	
2	FILER NAME Teladoc Hea	ulth, Inc. Political Action Comn	nittee		3	Filer ID (Ethics Commission 00080542	n Filers)
4	Date 10/15/2025			7	Amount of Contribution (\$)	\$41.67	
8		Purchase, NY 10577 pation / Job title (See Instructionsent IT Operations)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 09/30/2025	Full name of contributor Gonzales, Jerome Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577 pation / Job title (See Instructions rint Fulfillment)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> s)		
	Date 10/15/2025	Full name of contributor Gonzales, Jerome Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
		pation / Job title (See Instructions rint Fulfillment	i)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 09/30/2025	Full name of contributor Harper, Kevin Contributor address; City; St Purchase, NY 10577	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions rernment Affairs)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> 5)		
	Date 10/15/2025	Full name of contributor Harper, Kevin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$208.33
		pation / Job title (See Instructions rernment Affairs)	Employer (See Instructions Teladoc Health, Inc.	s)		

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	ulth Inc. Political Action Comm	nittao		3	Filer ID (Ethics Commission 00080542	n Filers)
_		Ith, Inc. Political Action Comr			L		
4	Date 09/30/2025			7	Amount of Contribution (\$)	\$25.00	
_	Discipal	Purchase, NY 10577					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Director of G	overnment Affairs		Teladoc Health, Inc.			
	Date 10/15/2025	Full name of contributor May, Mercer Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	5)			
	Director of Government Affairs Teladoc Health, Inc.		Teladoc Health, Inc.				
	Date 09/30/2025	Full name of contributor out-of-state PAC (ID#:) Miller, Bryce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;) 		
		nt, Primary 360	-,	Teladoc Health, Inc.	,		
		-	— — — — — — — — — — — — — — — — — — —		Г	Amount of Contribution (ft)	
	Date 10/15/2025	Full name of contributor Miller, Bryce Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Vice Preside	nt, Primary 360		Teladoc Health, Inc.			
	Date 09/30/2025	Full name of contributor Murthy, Mala Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	Dulmain of	Purchase, NY 10577	. 1	Franklause (O. a. l	<u></u>		
	Principal occu CFO	pation / Job title (See Instructions	5)	Employer (See Instructions Teladoc Health, Inc.	5)		

MONETARY POLITICAL CONTRIBUTIONS				E A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/11		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ulth, Inc. Political Action Comn	nittee —		L	00080542	
4	Date 10/15/2025			7	Amount of Contribution (\$)	\$208.33	
_		Purchase, NY 10577	,				
8	CFO	pation / Job title (See Instructions	(1)	9 Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 09/30/2025	Full name of contributor Sackrider, Susan Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Purchase, NY 10577 pation / Job title (See Instructions	e)	Employer (See Instructions	:) 		
			Teladoc Health, Inc.	"			
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:) Sackrider, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577					
		pation / Job title (See Instructions ager, HR Operations	s)	Employer (See Instructions Teladoc Health, Inc.	<u> </u> 		
	Date 09/30/2025	Full name of contributor Serio, Lou Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions rector, Public Affairs	5)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 10/15/2025	Full name of contributor Serio, Lou Contributor address; City; Si Purchase, NY 10577	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions rector, Public Affairs	s)	Employer (See Instructions Teladoc Health, Inc.	s)		

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				3	Filer ID (Ethics Commission	Filers)
		ılth, Inc. Political Action Comr	_			00080542	
4	Date 09/30/2025			7	Amount of Contribution (\$)	\$25.00	
		Purchase, NY 10577					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	RVP Client S	Strategy		Teladoc Health, Inc.			
	Date 10/15/2025	Full name of contributor Setter, Chris Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Purchase, NY 10577	<u>,</u>				
		Employer (See Instructions	s)				
	RVP Client Strategy Teladoc Health, Inc.		Teladoc Health, Inc.				
	Date 09/30/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.67
		Purchase, NY 10577					
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		nt, Government Markets		Teladoc Health, Inc.			
	Date 10/15/2025	Full name of contributor Sinclair, Hunter Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions nt, Government Markets	5)	Employer (See Instructions Teladoc Health, Inc.	5)		
	Date 09/30/2025	Full name of contributor Sorget, Genna Contributor address; City; S Purchase, NY 10577	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions nt, Complex Health Plans - U		Employer (See Instructions Teladoc Health, Inc.	5)		
	VICE I TESIUE	na, complex riedur rians - 0	o oroup ricuidi	reladoc ricaliti, ilic.			

N	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
Т	he Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/11		
	ILER NAME eladoc Hea	ulth, Inc. Political Action Committee		3	Filer ID (Ethics Commission 00080542	ı Filers)
	Date 10/15/2025 5 Full name of contributor out-of-state PAC (ID#:) Sorget, Genna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$62.50	
		Purchase, NY 10577				
	•	pation / Job title (See Instructions) ent, Complex Health Plans - US Group Health	9 Employer (See Instructions Teladoc Health, Inc.	s) 		
	ate 9/30/2025	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
		Purchase, NY 10577				
		pation / Job title (See Instructions) ent, Global B2B Marketing	Employer (See Instructions Teladoc Health, Inc.	s)		
	ate 0/15/2025	Full name of contributor out-of-state PAC (ID#:_ Whipple, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
Pi	rincinal occu	Purchase, NY 10577 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
		ent, 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: 10/11 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 (\$) 10/25/2025 TELADOC HEALTH, INC. 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor 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
09/30/2025	Jobs, Freedom, and Security PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 25376
Expenditure from corporate funds	Houston, TX 77265
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/02/2025	Stand with Sanchez
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 83142
— Forestelland from	
Expenditure from corporate funds	Gaitherburg, MD 20883
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	