



# 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)	\$ 1,840.67
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 116,953.56
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	\$ 1,479.17
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	\$ 361.50
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/6 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 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bossaller, Dawn	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577		
<b>8</b> Principal occupation / Job title (See Instructions) Director, Health Plan Strategy and Sales		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cave, James	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Purchase, NY 10577		
Principal occupation / Job title (See Instructions) VP, Corporate Controller		Employer (See Instructions) Teladoc Health, Inc.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cave, James	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Purchase, NY 10577		
Principal occupation / Job title (See Instructions) VP, Corporate Controller		Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dias, Armando	Amount of Contribution (\$)  \$41.67
Contributor address; City; State; Zip Code  Purchase, NY 10577		
Principal occupation / Job title (See Instructions) Vice President IT Operations		Employer (See Instructions) Teladoc Health, Inc.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dias, Armando	Amount of Contribution (\$)  \$41.67
Contributor address; City; State; Zip Code  Purchase, NY 10577		
Principal occupation / Job title (See Instructions) Vice President IT Operations		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: 2/6 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 01/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Divita, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer and Board of Director Members		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	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.
Date 01/15/2026	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.
Date 12/31/2025	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 01/15/2026	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 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 12/31/2025	<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 01/15/2026	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.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meza, Alejandra <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Product Design Director		Employer (See Instructions) Teladoc Health, Inc.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meza, Alejandra <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Product Design Director		Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		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 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Bryce	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Purchase, NY 10577	
8 Principal occupation / Job title (See Instructions) Vice President, Primary 360		9 Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	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 01/15/2026	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 12/31/2025	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 01/15/2026	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 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 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Setter, Chris <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) RVP Client Strategy		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
Date 12/31/2025	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.
Date 01/15/2026	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.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorget, Genna <hr/> 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.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorget, Genna <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 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 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whipple, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purchase, NY 10577	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Global B2B Marketing		<b>9</b> Employer (See Instructions) Teladoc Health, Inc.
<b>Date</b> 01/15/2026	<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: 10/10
<b>2</b> FILER NAME Teladoc Health, Inc. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080542
<b>4</b> Date 01/25/2026	<b>5</b> Corporation / Labor Organization name TELADOC HEALTH, INC.	<b>6</b> Amount (\$) 361.50