

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

ADDRESS (number and street)

1615 L STREET NW SUITE 540

Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00459289

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period

06 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN DESSER

Signature of Treasurer JOHN DESSER

[Electronically Filed]

Date

07 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		106275.67
(b) Cash on Hand at Beginning of Reporting Period.....	101049.00	
(c) Total Receipts (from Line 19)	4060.06	31883.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105109.06	138159.06
7. Total Disbursements (from Line 31).....	2000.00	35050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	103109.06	103109.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3884.82	25798.97
(ii) Unitemized	175.24	6084.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4060.06	31883.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4060.06	31883.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4060.06	31883.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4060.06	31883.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	35000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	35050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	35050.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4060.06	31883.39
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4060.06	31833.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. ROBERT ALBER
Full Name (Last, First, Middle Initial)

Mailing Address 3 BRIDLE ROAD

City CHELMSFORD State MA Zip Code 01824

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation DIR, CARRIER RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 4236

Amount of Each Receipt this Period
 35.00

B. ROBERT ALBER
Full Name (Last, First, Middle Initial)

Mailing Address 3 BRIDLE ROAD

City CHELMSFORD State MA Zip Code 01824

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation DIR, CARRIER RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 4272

Amount of Each Receipt this Period
 35.00

C. PAUL S. BATY
Full Name (Last, First, Middle Initial)

Mailing Address 240 LEVIN AVE.

City MOUNTAIN VIEW State CA Zip Code 94040

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation MGR, ENTERPRISE PRODUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 4238

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.23

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial) A. PAUL S. BATY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2014 Transaction ID : 4274
Mailing Address 240 LEVIN AVE.		Amount of Each Receipt this Period 19.23
City MOUNTAIN VIEW	State CA	Zip Code 94040
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation MGR, ENTERPRISE PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. LAURESTON BLAIR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014 Transaction ID : 4239
Mailing Address 150 KIMBALL RD		Amount of Each Receipt this Period 96.15
City CARLISLE	State MA	Zip Code 01741
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation CHIEF EXECUTIVE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

Full Name (Last, First, Middle Initial) C. LAURESTON BLAIR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2014 Transaction ID : 4275
Mailing Address 150 KIMBALL RD		Amount of Each Receipt this Period 96.15
City CARLISLE	State MA	Zip Code 01741
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation CHIEF EXECUTIVE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial) A. KERRY BOSWELL		Date of Receipt
Mailing Address 9816 BLUE LAKE DR.		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City State Zip Code FOLSOM CA 95630		Transaction ID : 4240
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer EHEALTH	Occupation MGR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) B. KERRY BOSWELL		Date of Receipt
Mailing Address 9816 BLUE LAKE DR.		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City State Zip Code FOLSOM CA 95630		Transaction ID : 4276
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer EHEALTH	Occupation MGR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) C. DAVID E CORDERO		Date of Receipt
Mailing Address 3273 CENTRAL PARKWAY		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City State Zip Code DUBLIN CA 94568		Transaction ID : 4242
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer EHEALTH	Occupation DIR, CONTENT DEVELOPMENT &MGMT.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1153.80"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.61"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. DAVID E CORDERO
Full Name (Last, First, Middle Initial)

Mailing Address 3273 CENTRAL PARKWAY

City DUBLIN	State CA	Zip Code 94568
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation DIR, CONTENT DEVELOPMENT &MGMT.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 4278

Amount of Each Receipt this Period

96.15

B. JOHN DESSER
Full Name (Last, First, Middle Initial)

Mailing Address 20621 STONE FOX CT.

City LEESBURG	State VA	Zip Code 20175
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP-PUBLIC POLICY & GOV'T AFFAIRS
-----------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1764.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 4243

Amount of Each Receipt this Period

147.06

C. JOHN DESSER
Full Name (Last, First, Middle Initial)

Mailing Address 20621 STONE FOX CT.

City LEESBURG	State VA	Zip Code 20175
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP-PUBLIC POLICY & GOV'T AFFAIRS
-----------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1911.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 4279

Amount of Each Receipt this Period

147.06

SUBTOTAL of Receipts This Page (optional).....▶	390.27
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. EVA MARIE FRANKO
Full Name (Last, First, Middle Initial)

Mailing Address 110 E. REMINGTON DRIVE, APT 27

City SUNNYVALE	State CA	Zip Code 94087
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation MANAGER, LEGAL RECORDS
-----------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 4245

Amount of Each Receipt this Period

25.00

B. EVA MARIE FRANKO
Full Name (Last, First, Middle Initial)

Mailing Address 110 E. REMINGTON DRIVE, APT 27

City SUNNYVALE	State CA	Zip Code 94087
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation MANAGER, LEGAL RECORDS
-----------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 4281

Amount of Each Receipt this Period

25.00

C. WILLIAM Joseph HANIS
Full Name (Last, First, Middle Initial)

Mailing Address 1266 BERKSHIRE LANE

City TARPON SPRINGS	State FL	Zip Code 34688
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation MANAGING DIRECTOR - CARRIER RELATIO
-----------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 4246

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	146.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. WILLIAM Joseph HANIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 BERKSHIRE LANE
 City TARPON SPRINGS State FL Zip Code 34688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation MANAGING DIRECTOR - CARRIER RELATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4282
 Amount of Each Receipt this Period
 96.15

B. ERIC Jon HOWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BROWN DUVALL LN
 City FOLSOM State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation VP, PRODUCT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4249
 Amount of Each Receipt this Period
 96.15

C. ERIC Jon HOWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BROWN DUVALL LN
 City FOLSOM State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation VP, PRODUCT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4285
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial) A. STUART M HUIZINGA		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014 Transaction ID : 4250
Mailing Address 25 GLEN RIDGE AVENUE		Amount of Each Receipt this Period 125.00
City LOS GATOS	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. STUART M HUIZINGA		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2014 Transaction ID : 4286
Mailing Address 25 GLEN RIDGE AVENUE		Amount of Each Receipt this Period 125.00
City LOS GATOS	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	

Full Name (Last, First, Middle Initial) C. ROBERT S. HURLEY		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014 Transaction ID : 4251
Mailing Address 9200 PURDY LN		Amount of Each Receipt this Period 125.00
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation SVP, CARRIER RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. ROBERT S. HURLEY
Full Name (Last, First, Middle Initial)

Mailing Address 9200 PURDY LN

City GRANITE BAY State CA Zip Code 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation SVP, CARRIER RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4287

Amount of Each Receipt this Period
 125.00

B. JAY Walter JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 2381 MIDDLEFIELD ROAD

City PALO ALTO State CA Zip Code 94301

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VICE PRESIDENT - FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4252

Amount of Each Receipt this Period
 50.00

C. JAY Walter JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 2381 MIDDLEFIELD ROAD

City PALO ALTO State CA Zip Code 94301

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VICE PRESIDENT - FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4288

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. MIKHAIL KHESIN
Full Name (Last, First, Middle Initial)
Mailing Address 4766 REGINA WAY

City CAMPBELL	State CA	Zip Code 95008
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP, CUSTOMER CARE CENTER
-----------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 4254

Amount of Each Receipt this Period

19.23

B. MIKHAIL KHESIN
Full Name (Last, First, Middle Initial)
Mailing Address 4766 REGINA WAY

City CAMPBELL	State CA	Zip Code 95008
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP, CUSTOMER CARE CENTER
-----------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 4290

Amount of Each Receipt this Period

19.23

C. IAN JOSEPH LOPUCH
Full Name (Last, First, Middle Initial)
Mailing Address 349 LAUREL STREET

City SAN CARLOS	State CA	Zip Code 94070
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation DIRECTOR, SEARCH MARKETING
-----------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 4257

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	138.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial) A. IAN JOSEPH LOPUCH		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 Transaction ID : 4292
Mailing Address 349 LAUREL STREET		Amount of Each Receipt this Period 100.00
City SAN CARLOS	State CA	Zip Code 94070
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation DIRECTOR, SEARCH MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. AMOL MAHAJAN		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 Transaction ID : 4258
Mailing Address 6293 TRACEL DRIVE		Amount of Each Receipt this Period 50.00
City SAN JOSE	State CA	Zip Code 95129
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation DIRECTOR, BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. AMOL MAHAJAN		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 Transaction ID : 4293
Mailing Address 6293 TRACEL DRIVE		Amount of Each Receipt this Period 50.00
City SAN JOSE	State CA	Zip Code 95129
FEC ID number of contributing federal political committee. C		
Name of Employer EHEALTH	Occupation DIRECTOR, BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial) A. SEAN T MALIA		Date of Receipt
Mailing Address 620 INDIAN WAY		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
BARRINGTON	IL	60010
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 4259
EHEALTH	DIRECTOR, CARRIER RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) B. SEAN T MALIA		Date of Receipt
Mailing Address 620 INDIAN WAY		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
BARRINGTON	IL	60010
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 4294
EHEALTH	DIRECTOR, CARRIER RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="455.00"/>	<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) C. BRIAN MAST		Date of Receipt
Mailing Address 400 JOOST AVENUE		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN FRANCISCO	CA	94127
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 4260
EHEALTH	VICE PRESIDENT, COMMUNICATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	<input type="text" value="75.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. BRIAN MAST
Full Name (Last, First, Middle Initial)

Mailing Address 400 JOOST AVENUE

City SAN FRANCISCO State CA Zip Code 94127

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VICE PRESIDENT, COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
06 / 27 / 2014
Transaction ID : 4295

Amount of Each Receipt this Period
75.00

B. GARY W. MATALUCCI
Full Name (Last, First, Middle Initial)

Mailing Address 211 AMERICAN RIVER

City FOLSOM State CA Zip Code 95630

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VP - CUSTOMER CARE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
06 / 13 / 2014
Transaction ID : 4261

Amount of Each Receipt this Period
96.15

C. GARY W. MATALUCCI
Full Name (Last, First, Middle Initial)

Mailing Address 211 AMERICAN RIVER

City FOLSOM State CA Zip Code 95630

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VP - CUSTOMER CARE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
06 / 27 / 2014
Transaction ID : 4296

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.30

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. NATHAN PURPURA
Full Name (Last, First, Middle Initial)

Mailing Address 3392 MORAGA BLVD

City LAFAYETTE	State CA	Zip Code 94549
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FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP, DEVELOPMENT-CARRIER TECHNOLOG
-----------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4263

Amount of Each Receipt this Period
35.00

B. NATHAN PURPURA
Full Name (Last, First, Middle Initial)

Mailing Address 3392 MORAGA BLVD

City LAFAYETTE	State CA	Zip Code 94549
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP, DEVELOPMENT-CARRIER TECHNOLOG
-----------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4298

Amount of Each Receipt this Period
35.00

C. STEFAN REICHENEDER
Full Name (Last, First, Middle Initial)

Mailing Address 101 BRODERICK STREET APT #407

City SAN FRANCISCO	State CA	Zip Code 94117
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH	Occupation VP, SYSTEM ENGINEERING
-----------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4265

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. STEFAN REICHENEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 BRODERICK STREET APT #407
 City SAN FRANCISCO State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation VP, SYSTEM ENGINEERING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4300
 Amount of Each Receipt this Period
 40.00

B. PAUL Justin ROONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1782 W. PRESCOTT DR.
 City CHANDLER State AZ Zip Code 85248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation MANAGING DIRECTOR, CARRIER RELATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4266
 Amount of Each Receipt this Period
 96.15

C. PAUL Justin ROONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1782 W. PRESCOTT DR.
 City CHANDLER State AZ Zip Code 85248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation MANAGING DIRECTOR, CARRIER RELATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4301
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	232.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. CHRISTOPHER T. ROSS
Full Name (Last, First, Middle Initial)

Mailing Address 3214 SAXONVILLE WAY

City ANTELOPE State CA Zip Code 95843

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation PROGRAM MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4267

Amount of Each Receipt this Period
 20.00

B. CHRISTOPHER T. ROSS
Full Name (Last, First, Middle Initial)

Mailing Address 3214 SAXONVILLE WAY

City ANTELOPE State CA Zip Code 95843

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation PROGRAM MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4302

Amount of Each Receipt this Period
 20.00

C. WILLIAM Thomas SHAUGHNESSY
Full Name (Last, First, Middle Initial)

Mailing Address 24 ROBLEDA DRIVE

City ATHERTON State CA Zip Code 94027

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4268

Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.30

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. WILLIAM Thomas SHAUGHNESSY
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 ROBLEDA DRIVE
 City AHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4303
 Amount of Each Receipt this Period
 192.30

B. DAVID Brian SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1356 BERNAL AVE.
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation VP, BUSINESS DEVELOPMENT & STRATEG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 4269
 Amount of Each Receipt this Period
 38.46

C. DAVID Brian SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1356 BERNAL AVE.
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EHEALTH Occupation VP, BUSINESS DEVELOPMENT & STRATEG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 4304
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.22
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. TOM Gen-Hon TSAO
Full Name (Last, First, Middle Initial)

Mailing Address 965 CHEHALIS DRIVE

City SUNNYVALE State CA Zip Code 94087

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation SENIOR VICE PRESIDENT, PRODUCT MAN/

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 4270

Amount of Each Receipt this Period
 115.00

B. TOM Gen-Hon TSAO
Full Name (Last, First, Middle Initial)

Mailing Address 965 CHEHALIS DRIVE

City SUNNYVALE State CA Zip Code 94087

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation SENIOR VICE PRESIDENT, PRODUCT MAN/

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 4305

Amount of Each Receipt this Period
 115.00

C. JIANG WU
Full Name (Last, First, Middle Initial)

Mailing Address 405 SOLSTICE LANE

City REDWOOD CITY State CA Zip Code 94065

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VP, ENGINEERING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 4271

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

A. JIANG WU
Full Name (Last, First, Middle Initial)

Mailing Address 405 SOLSTICE LANE

City REDWOOD CITY State CA Zip Code 94065

FEC ID number of contributing federal political committee. **C**

Name of Employer EHEALTH Occupation VP, ENGINEERING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 4306

Amount of Each Receipt this Period
 100.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	3884.82

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)

Full Name (Last, First, Middle Initial)

A. PENINSULA PAC

Mailing Address 555 CAPITOL MALL
SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Political Contribution

Candidate Name
PENINSULA PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : 4235

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

2000.00
