

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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 31 / 2016

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 08 / 11 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		126432.39
(b) Cash on Hand at Beginning of Reporting Period.....	125244.59	
(c) Total Receipts (from Line 19)	820.00	9632.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126064.59	136064.59
7. Total Disbursements (from Line 31).....	33400.00	43400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	92664.59	92664.59
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

FEC Form 3X (Rev. 06/2004)

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).....	740.76	7346.00
(ii) Unitemized	79.24	2286.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	820.00	9632.20
(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)	820.00	9632.20
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))..... ▶	820.00	9632.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	820.00	9632.20

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.....	33400.00	43400.00
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	0.00
(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	0.00
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)) ..	33400.00	43400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33400.00	43400.00

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)	820.00	9632.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	820.00	9632.20
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 11
	<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. KERRY BOSWELL
Full Name (Last, First, Middle Initial)

Mailing Address 9816 BLUE LAKE DR.

City	State	Zip Code
FOLSOM	CA	95630

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

Name of Employer	Occupation
EHEALTH	DIRECTOR, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 5470

Amount of Each Receipt this Period

19.23

 Memo Item

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

Mailing Address 9816 BLUE LAKE DR.

City	State	Zip Code
FOLSOM	CA	95630

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

Name of Employer	Occupation
EHEALTH	DIRECTOR, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 5483

Amount of Each Receipt this Period

19.23

 Memo Item

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

Mailing Address 3273 CENTRAL PARKWAY

City	State	Zip Code
DUBLIN	CA	94568

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

Name of Employer	Occupation
EHEALTH	VP, CONTENT & TECHNICAL MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

Transaction ID : 5472

Amount of Each Receipt this Period

96.15

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	134.61
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 11
	<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. DAVID E CORDERO
Full Name (Last, First, Middle Initial)

Mailing Address 3273 CENTRAL PARKWAY

City DUBLIN State CA Zip Code 94568

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

Name of Employer EHEALTH Occupation VP, CONTENT & TECHNICAL MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 22 / 2016
Transaction ID : 5485

Amount of Each Receipt this Period 96.15

Memo Item

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

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

Name of Employer EHEALTH Occupation SR. MANAGER, LEGAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2016
Transaction ID : 5474

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 110 E. REMINGTON DRIVE APT #27

City SUNNYVALE State CA Zip Code 94087

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

Name of Employer EHEALTH Occupation SR. MANAGER, LEGAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 5487

Amount of Each Receipt this Period 25.00

Memo Item

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 8 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 MM / DD / YYYY 07 / 08 / 2016 Transaction ID : 5476
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		<input type="checkbox"/> Memo Item
Name of Employer EHEALTH	Occupation PRINCIPAL ACCOUNTING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. STUART M HUIZINGA		Date of Receipt MM / DD / YYYY 07 / 22 / 2016 Transaction ID : 5489
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		<input type="checkbox"/> Memo Item
Name of Employer EHEALTH	Occupation PRINCIPAL ACCOUNTING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

Full Name (Last, First, Middle Initial) C. JAY Walter JENNINGS		Date of Receipt MM / DD / YYYY 07 / 08 / 2016 Transaction ID : 5477
Mailing Address 2381 MIDDLEFIELD ROAD		Amount of Each Receipt this Period 50.00
City PALO ALTO	State CA	Zip Code 94301
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer EHEALTH	Occupation VP, FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
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 9 OF 11
	<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. 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 VP, FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 5490

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3337 N LUCILLE LANE

City LAFAYETTE State CA Zip Code 94549

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

Name of Employer EHEALTH Occupation VP, COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : 5479

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 3337 N LUCILLE LANE

City LAFAYETTE State CA Zip Code 94549

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

Name of Employer EHEALTH Occupation VP, COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : 5492

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 10 OF 11
	<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)

Full Name (Last, First, Middle Initial) A. CHRISTOPHER T. ROSS		Date of Receipt MM / DD / YYYY 07 / 08 / 2016 Transaction ID : 5480
Mailing Address 3214 SAXONVILLE WAY		Amount of Each Receipt this Period 20.00
City ANTELOPE State CA Zip Code 95843	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer EHEALTH Occupation SR. PRODUCT MANAGER	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER T. ROSS		Date of Receipt MM / DD / YYYY 07 / 22 / 2016 Transaction ID : 5493
Mailing Address 3214 SAXONVILLE WAY		Amount of Each Receipt this Period 20.00
City ANTELOPE State CA Zip Code 95843	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer EHEALTH Occupation SR. PRODUCT MANAGER	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item
Name of Employer Occupation	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	740.76

**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. HILLARY VICTORY FUND

Mailing Address PO BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement
Political Contribution

Candidate Name
HILLARY VICTORY FUND

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 5468

Amount of Each Disbursement this Period

33400.00

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

33400.00

33400.00