

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

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

FOR LINE NUMBER: PAGE 7 OF 11  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EHEALTH INC. POLITICAL ACTION COMMITTEE (EHEALTH PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLANDERS, SCOTT, , ,**

Mailing Address 1425 SANTA BARBARA AVE.

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EHEALTH

Occupation (for Individual)  
CEO & DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2020

**Transaction ID : 6811**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLANDERS, SCOTT, , ,**

Mailing Address 1425 SANTA BARBARA AVE.

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EHEALTH

Occupation (for Individual)  
CEO & DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2020

**Transaction ID : 6834**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HAKIM, CHRISTOPHER, , ,**

Mailing Address 1677 FAIRMOUNT ROAD

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EHEALTH

Occupation (for Individual)  
SVP & GM, MEDICARE ADVANTAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2020

**Transaction ID : 6812**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

484.60