

# **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)

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☒ 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. DESSER, JOHN, , ,**

Mailing Address 20621 STONE FOX CT.

City  
LEESBURG

State  
VA

Zip Code  
20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EHEALTH

Occupation (for Individual)  
SVP-PUBLIC POLICY & GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.60

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2019

**Transaction ID : 6336**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. DESSER, JOHN, , ,**

Mailing Address 20621 STONE FOX CT.

City  
LEESBURG

State  
VA

Zip Code  
20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EHEALTH

Occupation (for Individual)  
SVP-PUBLIC POLICY & GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.90

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 26 / 2019

**Transaction ID : 6358**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. 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 ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2019

**Transaction ID : 6338**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

576.90