

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 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 &amp; DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

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

**Transaction ID : 6360**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. FRANKO, EVA MARIE, , ,**

Mailing Address 6307 EAST WILLOW LOOP

City

FLAGSTAFF

State

AZ

Zip Code

86004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EHEALTH

Occupation (for Individual)

DIRECTOR, LEGAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

**Transaction ID : 6361**

Amount of Each Receipt this Period

25.00

☐ 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 &amp; GM, MEDICARE ADVANTAGE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

**Transaction ID : 6340**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

317.30

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