Image#	202110149467289044	
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10/14/2021 16 : 44

PAGE 1 / 10

FEC FORM 3	AND D		RECEIPT SEMENT Committee			Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PR	RINT V	Example: If typ over the lines.	ng, type	12FE4M5	
Pablo Kleinman fo	or Congress					
ADDRESS (number and str		side Way, #101-C	; ; 			
Check if different than previously						90802
reported. (ACĆ) 2. FEC IDENTIFICATI		CITY	/		STATE	
C C00554360		3. IS TH REPC	~	N OR	AMEND (A)	ED STATE ▼ DISTRICT
July 15 Qua X October 15		Electi	y PRE-Election Rep Primary (12 Convention on on	P) (12C) /	General (1 Special (1)	
	Report (TER)		General (30 on on		Runoff (30	R) Special (30S) in the State of
5. Covering Period	07 / 01	/ Y Y Y 2021	Y through	M 09	M / D D / 30	Y Y Y Y 2021
I certify that I have exam Type or Print Name of Tr	Crummitt,		my knowledge and	belief it is	true, correct and	l complete.
Signature of Treasurer	Crummitt, Gary, , ,		[Electronicall]	Filed]	Date	/ D D / Y Y Y Y 14 2021
NOTE: Submission of false	e, erroneous, or incom	plete informatior	n may subject the pe	erson signing	g this Report to th	e penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name Pablo Kleinman for Congress

R	epor	t Covering the Period: From:	07 / D D / Y Y Y Y 01 / 2021 To:	M M M / D D / Y Y Y Y Y 2021
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	0.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	66030.72	

For further information contact:

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

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

Image# 202110149467289046		
DI	ETAILED SUMMARY PAGE	_
- FEC Form 3 (Revised 05/2016)	of Receipts	PAGE 3 / 10
Write or Type Committee Name		
Pablo Kleinman for Congress		
Report Covering the Period: From:	A / D D / Y Y Y Y 01 2021 To:	M M / D D / Y Y Y Y 09 30 2021
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	, , , , , , , , , , , , , , , , , , , ,	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
(add Lines 13(a) and (b))	y 0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)	0.00	0.00
(Carry Total to Line 24, page 4)		

Image# 202110149467289047

FEC Form 3 (Revised 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	DISBURSEMENTS COLUMN A Total This Period		
17. OPERATING EXPENDITURES		0.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19. LOAN REPAYMENTS:(a) Of Loans Made or Guaranteed by the Candidate		, , 0.00	
 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 	0.00	0.00	
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees (such as PACs)		0.00	
(d) TOTAL CONTRIBUTION REFUNE (add Lines 20(a), (b), and (c))	8.88	0.00	
21. OTHER DISBURSEMENTS	0.00	0.00	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21	0.00	0.00	

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00	
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00]
25.	SUBTOTAL (add Line 23 and Line 24)	0.00]
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00]
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00]

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page			
AME OF COMMITTEE (In Full) Pablo Kleinman for Congress			Transac	tion ID : PAYC56		
LOAN SOURCE Full Name (Last, First, M Kleinman, Pablo, , ,	liddle Initial)		🗌 Memo Item	Election: 2014 X Primary General		
Mailing Address 3906 Murietta Ave.				Other (specify)		
City Sherman Oaks	State CA	ZIP Code 91423	e	Personal Funds of the Candidat		
Original Amount of Loan 70000.00	Cumulative Pa	ayment To D	Date Bala 30000.00	nce Outstanding at Close of This Perio 40000.00		
TERMS Date Incurred M03 ^M / D31 ^D / Y Z014	[M * M / D * D	Date Due	Interest Rate (If none, enter None Y 0.0	0)		
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		_	Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1 y		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1		
UBTOTALS This Period This Page (optional))			y 40000.00		
OTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, So				y y y y y		

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SC/10 Transaction ID : PAYC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page			
ME OF COMMITTEE (In Ful ablo Kleinman for Co	,			Transac	tion ID : PAYC178	
LOAN SOURCE Full Nam Kleinman, Pablo, , ,	e (Last, First, Mid	dle Initial)		🗌 Memo Item	Election: 2014 X Primary General	
Mailing Address 3906 Murietta Ave.					Other (specify)	
City Sherman Oaks		State CA	ZIP Code 91423	•	Personal Funds of the Candida	
Original Amount of Loan	18133.72	Cumulative Pa	yment To D	ate Bala	nce Outstanding at Close of This Peri 18133.72	
TERMS Date Incurre M05 ^M / 930 ^D /	2014 Y	M M / D D	Date Due	Interest Rate (If none, enter 0.0	0)	
List All Endorsers or Gua 1. Full Name (Last, First, I		b Loan Source	1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	ng	
2. Full Name (Last, First, M	liddle Initial)		1	Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 · · · 7 · · · · ·	
3. Full Name (Last, First, N	1iddle Initial)		1	Name of Employer		
Mailing Address			_	Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y	
4. Full Name (Last, First, N	1iddle Initial)		1	Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
JBTOTALS This Period This	Page (optional)			······	18133.72	
DTALS This Period (last pag	e in this line only)		······	58133.72	

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SC/10 Transaction ID : PAYC178

LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE 9 OF 10 FOR LINE NUMBER: (check only one) 9 X 10
A. Full Name (Last, First, Middle Initial) of De CTM Consulting				lebt (Purpose): g/Consultant
Mailing Address 7119 W. Sunset Blvd., #444				
City Los Angeles	State CA	Zip Code 90046		
Outstanding Balance Beginning This Period			Transactio	on ID : PAYD200
4049.00 Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period
0.00		0.0		4049.00
B. Full Name (Last, First, Middle Initial) of Del Johnson, Maureen, , ,	otor or Crec	ditor		ebt (Purpose): Recruitment Consultant
Mailing Address 8828 Pershing Dr., #108				
City Playa Del Rey	State CA	Zip Code 90293		
Outstanding Balance Beginning This Period 2220.00 Amount Incurred This Period		Payment This Period		on ID : PAYD201 ng Balance at Close of This Period
0.00		0 .(00	, 2220.00
C. Full Name (Last, First, Middle Initial) of De Kochba, Mara, , ,	btor or Cre	editor		ebt (Purpose): g/Consultant
Mailing Address 9301 Wilshire Blvd., #613				
City Beverly Hills	State CA	Zip Code 90210		
Outstanding Balance Beginning This Period 669.00			Transact	ion ID : PAYD199
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period 669.00
0.00		0.0		, , , , , , , , , , , , , , , , , , , ,
1) SUBTOTALS This Period This Page (optional)		··· •	6938.00 7
2) TOTALS This Period (last page this line num	ber only) ····		···· • [
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	bage only)	···· •	7
4) ADD 2) and 3) and carry forward to appropr	iate line of	Summary Page (last page o	nly) 🕨	- 7

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE 10 OF 10 FOR LINE NUMBER: (check only one) 9 X 10
A. Full Name (Last, First, Middle Initial) of De Levin, Darby, , ,				ebt (Purpose): egy Consultant
Mailing Address 13260 Moorpark, #1				
City Sherman Oaks	State CA	Zip Code 91423		
Outstanding Balance Beginning This Period 959.00	1		Transactio	on ID : PAYD158
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period
0.00		0.0	00	959.00
B. Full Name (Last, First, Middle Initial) of Del	otor or Crec	ditor	Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor	Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)			959.00
2) TOTALS This Period (last page this line num	ber only) ····			7897.00
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	bage only)		58133.72
4) ADD 2) and 3) and carry forward to appropr	iate line of	Summary Page (last page or	nly) 🕨	66030.72

FEC Schedule D (Form 3) (Revised 05/2016)