PAGE 1 / 10

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3                          | For An A              | Authorized Com        | mittee                             |                          | Office Use Only                       |
|---------------------------------|-----------------------|-----------------------|------------------------------------|--------------------------|---------------------------------------|
| NAME OF     COMMITTEE (in full) | TYPE OR PRIN          |                       | ample: If typing,<br>er the lines. | type 12FE4               | м5                                    |
| Pablo Kleinman for              | Congress              | 1                     |                                    | 1 1 1 1 1 1              |                                       |
| <u> </u>                        |                       |                       |                                    |                          |                                       |
| ADDRESS (number and street)     | 525 E. Seaside        | e Way, #101-C         |                                    |                          |                                       |
| ▼ Check if different            |                       |                       |                                    |                          |                                       |
| than previously reported. (ACC) | Long Beach            |                       |                                    | CA                       | 90802                                 |
| 2. FEC IDENTIFICATION           | I NUMBER ▼            | CITY ▲                |                                    | STATE ▲                  | ZIP CODE ▲                            |
| C C00554360                     |                       | 3. IS THIS<br>REPORT  | × NEW (N)                          | OR AME                   | STATE ▼ DISTRICT  CA  CA  30  1       |
| 4. TYPE OF REPORT               | (Choose One)          | (b) 12-Day <b>PRE</b> | -Election Report                   | for the:                 |                                       |
| (a) Quarterly Reports:          |                       | ( ,                   | Primary (12P)                      |                          | al (12G) Runoff (12R)                 |
| April 15 Quarte                 | erly Report (Q1)      | H                     |                                    |                          | <del></del>                           |
| July 15 Quarter                 | rly Report (Q2)       |                       | Convention (12                     | C) Specia                | I (12S)                               |
| October 15 Qu                   | arterly Report (Q3)   | Election on           | M M /                              | D D / Y Y Y              | in the State of                       |
| X January 31 Yea                | ar-End Report (YE)    | (c) 30-Day <b>POS</b> | T-Election Repo                    | t for the:               |                                       |
|                                 |                       |                       | General (30G)                      | Runoff                   | (30R) Special (30S)                   |
| Termination Re                  | port (TER)            | Election on           | M M /                              | D D Y Y Y                | y in the State of                     |
| 5. Covering Period              | M M / D D /           | Y Y 2023              | through                            | M M / D D D 31           | / Y Y Y Y Y 2023                      |
| I certify that I have examine   | Crummitt Co           | -                     | nowledge and be                    | lief it is true, correct | and complete.                         |
| Type or Print Name of Treas     | Surer Crummitt, Ga    | 11 y, , ,             |                                    |                          |                                       |
| Signature of Treasurer          | Crummitt, Gary, , ,   |                       |                                    | Date                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| NOTE: Submission of false, er   | rroneous, or incomple | ete information may   | subject the person                 | n signing this Report t  | o the penalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only           |                       |                       |                                    |                          | FEC FORM 3 (Revised 05/2016)          |

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

| _   | Pab | or Type Committee Name  No Kleinman for Congress  t Covering the Period: From:            | M / D D / Y Y Y Y Y Y TO: | M 12 M / 31 D / Y 2023 Y        |
|-----|-----|---|---------------------------|---------------------------------|
|     |     |   | COLUMN A<br>This Period   | COLUMN B Election Cycle-to-Date |
| 6.  | Net | Contributions (other than loans)  | This Periou               | Election Cycle-to-Date          |
|     | (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                            |
| 3.  |     | sh on Hand at Close of porting Period (from Line 27)                                      | 0.00                      |                                 |
| 9.  | the | ots and Obligations Owed <b>TO</b> Committee (Itemize all on needule C and/or Schedule D) | 0.00                      |                                 |
| 10. | the | ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)  | 66030.72                  |                                 |

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### Pablo Kleinman for Congress

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |  |
|--|-------------------------------|---------------------------------|--|
| 1. CONTRIBUTIONS (other than loans) FROM:  |                               |                                 |  |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                 |  |
| (i) Itemized (use Schedule A)  | 0.00                          | 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(e) TOTAL CONTRIBUTIONS   | 0.00                          | 0.00                            |  |
| (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                                       | 0.00                          | 0.00                            |  |
| 2. TRANSFERS FROM OTHER  | 0.00                          | 0.00                            |  |
| AUTHORIZED COMMITTEES  | 0.00                          | 0.00                            |  |
| <ul><li>3. LOANS:</li><li>(a) Made or Guaranteed by the</li></ul>                                  |                               |                                 |  |
| Candidate  | 0.00                          | 0.00                            |  |
| (b) All Other Loans  | 0.00                          | 0.00                            |  |
| (c) TOTAL LOANS (add Lines 13(a) and (b))  | 0.00                          | 0.00                            |  |
| 4. OFFSETS TO OPERATING  |                               |                                 |  |
| EXPENDITURES (Refunds, Rebates, etc.)  | 0.00                          | 0.00                            |  |
| 5. OTHER RECEIPTS (Dividends, Interest, etc.)  | 0.00                          | 0.00                            |  |
| 6. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 0.00                          | 0.00                            |  |

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

| II. DISBURSEMENTS |   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |  |
|-------------------|---|-------------------------------|------------------------------------|--|
| 17.               | OPERATING EXPENDITURES  | 0.00                          | 0.00                               |  |
| 18.               | TRANSFERS TO OTHER AUTHORIZED COMMITTEES  | 0.00                          | 0.00                               |  |
| 19.               | LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed                                     | 0.00                          | 0.00                               |  |
|                   | by the Candidate(b) Of All Other Loans  | 0.00                          | 0.00                               |  |
|                   | (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  | 0.00                          | 0.00                               |  |
|                   | (c) Other Political Committees (such as PACs)   | 0.00                          | 0.00                               |  |
|                   | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))                        | 0.00                          | 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 SU  | JMMARY                        |                                    |  |
| 23.               | CASH ON HAND AT BEGINNING OF REPOR  | rting 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   | m Line 22)                    | 0.00                               |  |
| 27.               | CASH ON HAND AT CLOSE OF REPORTING  | G PERIOD                      | 0.00                               |  |

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

PAGE 5 FOR LINE NUMBER: 13a (check only one)

10

|                                       |  |                   |               | Detailed Sumr                          | mary Page    |                          | X 13b          |
|---------------------------------------|--|-------------------|---------------|--|--------------|--------------------------|----------------|
| NAME OF COMMITTEE (In Full)           |  |                   |               | Transactio                             | on ID : PC56 |                          |                |
| Pablo Kleinman for                    |  |                   |               |  |              |                          |                |
| LOAN SOURCE FU                        | ıll Name (Last, First, Mid                 | ddle Initial)     |               | ☐ Mer                                  | mo Item F    | Election: 2014           |                |
| Kleinman, Pab                         | Kleinman, Pablo, , ,                       |                   |               |  |              | Primary General          |                |
| Mailing Address<br>3906 Murietta Ave. |  |                   |               |  |              | Other (specify)          |                |
| City                                  |  | State ZIP Code    |               |  |              |                          |                |
| Sherman Oaks                          |  | CA                | 91423         |  |              | Personal Funds of t      | he Candidate   |
| Original Amount of                    | Loan                                       | Cumulative Pa     | ayment To D   | ate                                    | Balanc       | e Outstanding at Close   | of This Period |
| 2                                     | 70000.00                                   | ,                 |               | 30000.00                               |              |                          | 0000.00        |
| TERMS Date                            | Incurred                                   | Γ                 | Date Due      |  | rest Rate    |                          | ured:          |
| 03 / D31                              | / Y Y Y Y Y 2014                           | M M / D D         | ) / Y Y       | None                                   | 0.00         |                          | Yes X No       |
| List All Endorsers                    | or Guarantors (if any) t                   | o Loan Source     | )             |  |              |                          |                |
| 1. Full Name (Last,                   | First, Middle Initial)                     |                   | 1             | Name of Employe                        | er           |                          |                |
| Mailing Address                       |  |                   | (             | Occupation                             |              |                          |                |
| City                                  | City State ZIP Code                        |                   |               | Amount<br>Guaranteed<br>Outstanding:   |              |                          |                |
| 2. Full Name (Last,                   | 2. Full Name (Last, First, Middle Initial) |                   |               | Name of Employer                       |              |                          |                |
| Mailing Address                       |  |                   | (             | Occupation                             |              |                          |                |
|                                       |  |                   |               | Amount                                 |              |                          |                |
| City                                  | City State                                 |                   |               | Guaranteed<br>Outstanding:             | ,            | 7                        |                |
| 3. Full Name (Last,                   | First, Middle Initial)                     |                   | 1             | Name of Employe                        | er           |                          |                |
| Mailing Address                       |  |                   | (             | Occupation                             |              |                          |                |
|                                       |  |                   | Ā             | Amount                                 |              |                          |                |
| City                                  | State                                      | ZIP Code          |               | Guaranteed<br>Outstanding:             |              | y                        |                |
| 4. Full Name (Last,                   | First, Middle Initial)                     | •                 | 1             | Name of Employe                        | er           |                          |                |
| Mailing Address                       |  |                   |               | Occupation                             |              |                          |                |
|                                       |  |                   |               | Amount                                 |              |                          |                |
| City                                  | State                                      | ZIP Code          |               | Guaranteed<br>Outstanding:             | ,            | 9                        |                |
| SUBTOTALS This Perio                  | od This Page (optional).                   |                   |               | ······································ |              | 40                       | 0000.00        |
| TOTALS This Period (la                | ast page in this line only                 | /)                |               |  |              | 7 7                      |                |
| Carry outstanding hale                | ance only to LINE 3. Sci                   | nedule D. for thi | is line If no | Schedule D. o                          | arry forwa   | rd to appropriate line o | f Summany      |

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H + CB

Form/Schedule: SC/10 Transaction ID: PC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s)

**PAGE** OF FOR LINE NUMBER:

10

for each category of the (check only one) 13a Detailed Summary Page 13b Transaction ID: PC178 NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Kleinman, Pablo, , , General Mailing Address Other (specify) 3906 Murietta Ave. City State ZIP Code Personal Funds of the Candidate 91423 CA Sherman Oaks Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 18133.72 0.00 18133.72 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 05 12/31/2015 2014 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 18133.72 TOTALS This Period (last page in this line only)..... 58133.72

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: PC178

LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID:

## SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

N

| (Use separate  |          |
|----------------|----------|
| schedule(s)    | FOR LIN  |
| for each       | (check c |
| numbered line) |          |

9 OF PAGE NE NUMBER: only one)

|   | 9  |
|---|----|
| X | 10 |

10

| AME OF COMMITTEE (In Full)  Pablo Kleinman for C   | ongress  |                                   |   |  |  |
|--|--|-----------------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) of  | Nature of Debt (Purpose):                                  |                                   |   |  |  |
| CTM Consulting   |  |                                   |   |  |  |
|  |  |                                   | Fundraising/Consultant                      |  |  |
| Mailing Address 7119 W. Sunset Blvd., #  | 444  |                                   |   |  |  |
| City   | State  | Zip Code                          |   |  |  |
| Los Angeles  | CA   | 90046                             |   |  |  |
| Outstanding Balance Beginning This Pe  | eriod  |                                   | Transaction ID: PD200                       |  |  |
| 4049.00  |  |                                   |   |  |  |
| Amount Incurred This Period  |  | Payment This Period               | Outstanding Balance at Close of This Period |  |  |
| 0.00   |  | 0.00                              | 4049.00                                     |  |  |
| 7  |  | 9 9                               | , , ,                                       |  |  |
| B. Full Name (Last, First, Middle Initial) o   | f Debtor or Cred   | itor                              | Nature of Debt (Purpose):                   |  |  |
| Johnson, Maureen, , ,  |  |                                   | Volunteer Recruitment Consultant            |  |  |
| A 20   |  |                                   | _   |  |  |
| Mailing Address 8828 Pershing Dr., #108  | •  |                                   |   |  |  |
| City   | State  | Zip Code                          |   |  |  |
| Playa Del Rey  | CA   | 90293                             |   |  |  |
| Outstanding Balance Beginning This Pe  | eriod  |                                   | Transaction ID : PD201                      |  |  |
| 2220.00  |  |                                   |   |  |  |
| 7 7 7  |  | Payment This Period               |   |  |  |
| Amount Incurred This Period  | Outstanding Balance at Close of This Period                |                                   |   |  |  |
| 0.00   |  | 0.00                              | 2220.00                                     |  |  |
| C. Full Name (Last, First, Middle Initial)   | of Debtor or Cre   | ditor                             | Nature of Debt (Purpose):                   |  |  |
| Kochba, Mara, , ,  |  |                                   | Fundraising/Consultant                      |  |  |
| Ada: Company and a later of the company of the comp | 12   |                                   | _   |  |  |
| Mailing Address 9301 Wilshire Blvd., #61   | 3  |                                   |   |  |  |
| City   | State  | Zip Code                          |   |  |  |
| Beverly Hills  | CA   | 90210                             |   |  |  |
| Outstanding Balance Beginning This Pe  | eriod  |                                   | Transaction ID : PD199                      |  |  |
| 669.00   |  |                                   |   |  |  |
| Amount Incurred This Period  | _  | Payment This Period               | Outstanding Balance at Close of This Period |  |  |
|  |  | <del></del>                       |   |  |  |
| 0.00   |  | 0.00                              | 669.00                                      |  |  |
|  |  |                                   |   |  |  |
| ) SUBTOTALS This Period This Page (opt   | 6938.00  |                                   |   |  |  |
|  |  |                                   | 7 7   |  |  |
| TOTALS This Period (last page this line  | number only) ·····   |                                   | ·   |  |  |
| B) TOTAL OUTSTANDING LOANS from So   | ) TOTAL OUTSTANDING LOANS from Schedule C (last page only) |                                   |   |  |  |
|  |  |                                   |   |  |  |
| <ul> <li>ADD 2) and 3) and carry forward to app</li> </ul>   | nophate line of t  | bullillaly I age (last page Ully) | ·   |  |  |

### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

| AME OF COMMITTEE (In Full)  Pablo Kleinman for Coi                     | ngress  | 3                   |   |  |  |
|--|---|---------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) of D                        | Nature of Debt (Purpose): Field Strategy Consultant |                     |   |  |  |
| Mailing Address 13260 Moorpark, #1                                     |   |                     |   |  |  |
| City<br>Sherman Oaks   |   |                     |   |  |  |
| Outstanding Balance Beginning This Period 959.00                       | d   |                     | Transaction ID : PD158                      |  |  |
| Amount Incurred This Period  |   |                     |   |  |  |
| 0.00   |   | 0.00                | 959.00                                      |  |  |
| B. Full Name (Last, First, Middle Initial) of De                       | ebtor or Cre  | ditor               | Nature of Debt (Purpose):                   |  |  |
| Mailing Address  |   |                     |   |  |  |
| City   | State   | Zip Code            |   |  |  |
| Outstanding Balance Beginning This Period  Amount Incurred This Period |   | Payment This Period | Outstanding Balance at Close of This Period |  |  |
| C. Full Name (Last, First, Middle Initial) of D                        | ebtor or Cr   | editor              | Nature of Debt (Purpose):                   |  |  |
| Mailing Address  |   |                     |   |  |  |
| City   | State   | Zip Code            |   |  |  |
| Outstanding Balance Beginning This Period  Amount Incurred This Period |   | Payment This Period | Outstanding Balance at Close of This Period |  |  |
| SUBTOTALS This Period This Page (optional                              | al)   |                     | 959.00                                      |  |  |
| 2) TOTALS This Period (last page this line num                         | 7897.00   |                     |   |  |  |
| 3) TOTAL OUTSTANDING LOANS from Sched                                  | 58133.72  |                     |   |  |  |

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

66030.72

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

10 OF

10

9

**X** 10