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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3                            | For An Au               | thorized Com          | mittee   |                | С                | Office Use Only              |
|-----------------------------------|-------------------------|-----------------------|--|----------------|------------------|------------------------------|
| 1. NAME OF<br>COMMITTEE (in full) | TYPE OR PRINT           |                       | ample: If typing,<br>er the lines.   | type           | 12FE4M5          |                              |
| Pablo Kleinman for                | Congress                |                       |  |                |                  | 1                            |
|                                   |                         |                       |  |                |                  |                              |
|                                   |                         |                       |  |                |                  |                              |
| DDRESS (number and street)        | 525 E. Seaside V        | Vay, #101-C           |  |                |                  |                              |
| ▼ Check if different              |                         |                       |  |                |                  |                              |
| than previously reported. (ACC)   | Long Beach              |                       |  |                | CA     90        | 0802                         |
| reported. (Nee)                   |                         | CITY ▲                |  | s              | TATE A           | ZIP CODE ▲                   |
| . FEC IDENTIFICATION              | I NUMBER ▼              |                       |  |                |                  | $\neg$                       |
| C C00554360                       |                         | 3. IS THIS            | x NEW  |                | AMENDE           |                              |
|                                   |                         | REPORT                | (N)  | OR             | (A)              | CA 30                        |
| . TYPE OF REPORT                  | (Oh On -)               |                       |  |                |                  |                              |
| (a) Quarterly Reports:            | (Choose One)            | (b) 12-Day <b>PRE</b> | -Election Report   | for the:       |                  |                              |
|                                   |                         |                       | Primary (12P)  |                | General (120     | G) Runoff (12R)              |
| April 15 Quarte                   | rly Report (Q1)         |                       | Convention (12   | C)             | Special (128     | 5)                           |
| July 15 Quarter                   | ly Report (Q2)          | _                     |  |                |                  |                              |
| October 15 Qu                     | arterly Report (Q3)     | Election on           | M = M /  | D D /          | Y " Y " Y " Y    | in the<br>State of           |
| January 31 Yea                    | r-End Report (YE)       | (c) 30-Day <b>POS</b> | <b>T</b> -Election Repor   | rt for the     |                  |                              |
| _                                 |                         | (-) 00 Bay 1 00       |  |                | Dunoff (200)     | Chariel (200)                |
|                                   |                         | ш                     | General (30G)  |                | Runoff (30R)     | Special (30S)                |
| Termination Rep                   | oort (TER)              | Election on           | M M /  | D D /          | Y Y Y Y          | in the<br>State of           |
|                                   |                         |                       |  |                |                  |                              |
|                                   |                         |                       |  |                |                  |                              |
| i. Covering Period                | M M / D D /             | y y y y y 2021        | through  | м м            | / D D /          | 2021                         |
|                                   |                         |                       | , and the second |                |                  |                              |
| certify that I have examine       | -                       | •                     | owledge and be   | lief it is tru | e, correct and o | complete.                    |
| ype or Print Name of Treas        | Crummitt, Gary<br>surer | , , ,                 |  |                |                  |                              |
|                                   | Crummitt, Gary, , ,     |                       | (Electronically Eil  | odi Dr         | ate 07           | / D D / Y Y Y Y Y Y Y 2021   |
| Signature of Treasurer            |                         |                       | [Electronically File   | :uj Do         | ali G            |                              |
|                                   | roneous, or incomplete  | information may       | subject the persor   | n signing th   | is Report to the | penalties of 52 U.S.C. §3010 |
| Office<br>Use                     |                         |                       |  |                |                  | FEC FORM 3                   |
| Only                              |                         |                       |  |                |                  | (Revised 05/2016)            |

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Pablo Kleinman for Congress

2021 2021 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 66030.72 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

#### Pablo Kleinman for Congress

| I. RECEIPTS |   | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |  |
|-------------|---|-------------------------------|---------------------------------|--|
| 11. C       | CONTRIBUTIONS (other than loans) FROM:  |                               |                                 |  |
| (a          | 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                            |  |
| (1          | b) Political Party Committees   | 0.00                          | 0.00                            |  |
| (0          | c) Other Political Committees (such as PACs)  | 0.00                          | 0.00                            |  |
| `           | d) The Candidatee) TOTAL CONTRIBUTIONS  | 0.00                          | 0.00                            |  |
|             | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                              | 0.00                          | 0.00                            |  |
|             | TRANSFERS FROM OTHER  | 0.00                          | 0.00                            |  |
|             | AUTHORIZED COMMITTEES   | 0.00                          | 0.00                            |  |
|             | LOANS: a) Made or Guaranteed by the   |                               |                                 |  |
| (4          | Candidate   | 0.00                          | 0.00                            |  |
| (1          | b) All Other Loans  | 0.00                          | 0.00                            |  |
| (0          | c) TOTAL LOANS (add Lines 13(a) and (b))  | 0.00                          | 0.00                            |  |
|             | DFFSETS TO OPERATING  |                               |                                 |  |
|             | EXPENDITURES Refunds, Rebates, etc.)  | 0.00                          | 0.00                            |  |
|             | OTHER RECEIPTS Dividends, Interest, etc.)   | 0.00                          | 0.00                            |  |
| 1           | TOTAL RECEIPTS (add Lines   11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4) | 0.00                          | 0.00                            |  |

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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|          |     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|----------|-----|--|-------------------------------|---------------------------------|
| 17.      | OPI | ERATING EXPENDITURES   | 0.00                          | 0.00                            |
| 18.      |     | ANSFERS TO OTHER THORIZED COMMITTEES                           | 0.00                          | 0.00                            |
| 19.      | LO  | AN REPAYMENTS:   |                               |                                 |
|          | (a) | Of Loans Made or Guaranteed by the Candidate                   | 0.00                          | , 0.00                          |
|          | (b) | Of All Other Loans   | 0.00                          | 0.00                            |
|          | (c) | TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))                | 0.00                          | 0.00                            |
| 20.      | REF | FUNDS OF CONTRIBUTIONS TO:                                     |                               |                                 |
|          | (a) | Individuals/Persons Other Than Political Committees            | 0.00                          | 0.00                            |
|          |     |  | 0.00                          | 0.00                            |
|          | (b) | Political Party Committees  Other Political Committees         | 0.00                          | 0.00                            |
|          | (-) | (such as PACs)   | 0.00                          | 0.00                            |
|          | (d) | TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))     | 0.00                          | 0.00                            |
| 21.      | ОТІ | HER DISBURSEMENTS  | 0.00                          | 0.00                            |
| <u> </u> |     | <b>TAL DISBURSEMENTS</b> d Lines 17, 18, 19(c), 20(d), and 21) | 0.00                          | 0.00                            |
|          |     | III. CASH SU   | IMMARY                        |                                 |
| 23.      | CAS | SH ON HAND AT BEGINNING OF REPOR                               | RTING PERIOD                  | 0.00                            |
| 24       | то  | TAL RECEIPTS THIS PERIOD (from Line                            | 16, page 3)                   | 0.00                            |
| 25.      | SUI | BTOTAL (add Line 23 and Line 24)                               |                               | 0.00                            |
| 26.      | TO  | TAL DISBURSEMENTS THIS PERIOD (fro                             | m Line 22)                    | 0.00                            |
| 27.      |     | SH 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: (check only one) 13a

10

|   |                    |                  | Detailed Summary           | Page             | <b>x</b> 13b                 |
|---|--------------------|------------------|----------------------------|------------------|------------------------------|
| NAME OF COMMITTEE (In Full)   | Tran               | nsaction ID : PA | /C56                       |                  |                              |
| Pablo Kleinman for Congress   |                    |                  |                            |                  |                              |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election: 2014 |                    |                  |                            |                  |                              |
| Kleinman, Pablo, , ,  |                    |                  | Primar<br>Genera           | •                |                              |
| Mailing Address<br>3906 Murietta Ave.   |                    | Other -          | (specify) ▼                |                  |                              |
| City State ZIP Code   |                    |                  | )                          | Porce            | nal Funds of the Candidate   |
| Sherman Oaks CA 91423   |                    |                  |                            | Perso            | That Furius of the Candidate |
| Original Amount of Loan   | Cumulative Pay     | yment To D       | ate                        | Balance Outstand | ding at Close of This Period |
| 70000.00  |                    |                  | 30000.00                   | ,                | 40000.00                     |
| TERMS Date Incurred   | C                  | ate Due          | Interest<br>(If none,      |                  | Secured:                     |
| M03M / D31D / Y Z014 Y  | M M / D D          | / Y Y            | None Y                     | 0.00 %           | (apr) Yes No                 |
| List All Endorsers or Guarantors (if any) t                                   | o Loan Source      |                  |                            |                  |                              |
| 1. Full Name (Last, First, Middle Initial)                                    |                    | 1                | Name of Employer           |                  |                              |
| Mailing Address   |                    | (                | Occupation                 |                  |                              |
|   |                    |                  | Amount                     |                  |                              |
| City State ZIP Code   |                    |                  | Guaranteed<br>Outstanding: | 7                | 7                            |
| 2. Full Name (Last, First, Middle Initial)                                    |                    |                  | Name of Employer           |                  |                              |
| Mailing Address   |                    | (                | Occupation                 |                  |                              |
|   |                    |                  | Amount<br>Guaranteed       |                  |                              |
| City State ZIP Code   |                    |                  | Outstanding:               | 7                | 9                            |
| 3. Full Name (Last, First, Middle Initial)                                    |                    | 1                | Name of Employer           |                  |                              |
| Mailing Address   |                    | (                | Occupation                 |                  |                              |
|   |                    |                  | Amount                     |                  |                              |
| City  | ZIP Code           |                  | Guaranteed Outstanding:    | 7                | 7                            |
| 4. Full Name (Last, First, Middle Initial)                                    | '                  | 1                | Name of Employer           |                  |                              |
| Mailing Address   |                    |                  | Occupation                 |                  |                              |
|   |                    |                  | Amount                     |                  |                              |
| City  | ZIP Code           |                  | Guaranteed<br>Outstanding: | 7                |                              |
| CURTOTAL C This Deviced This Device (authors)                                 |                    |                  |                            |                  |                              |
| SUBTOTALS This Period This Page (optional).                                   |                    |                  | <b>—</b>                   |                  | 40000.00                     |
| TOTALS This Period (last page in this line only                               | <i>y</i> )         |                  | ·····•                     | ,                | , , , , ,                    |
| Carry outstanding balance only to LINE 3, Sci                                 | nedule D, for this | s line. If no    | Schedule D, carry          | forward to appr  | opriate line of Summary.     |

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: PAYC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

## SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7 OF 10

FOR LINE NUMBER: (check only one) 13a

|   |                    |                         | Detailed Garrinary 1       | <b>x</b> 13b                               |  |
|---|--------------------|-------------------------|----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress                           |                    |                         | Trans                      | saction ID : PAYC178                       |  |
| LOAN SOURCE Full Name (Last, First, Mi  | ddla Initial\      |                         |                            | Floation: 0044                             |  |
| •   | ☐ Memo Ite         | Election: 2014  Primary |                            |  |  |
| Kleinman, Pablo, , ,  |                    |                         |                            | General                                    |  |
| Mailing Address<br>3906 Murietta Ave.   |                    | Other (specify) ▼       |                            |  |  |
| City State ZIP Code   |                    |                         | )                          | Personal Funds of the Candidate            |  |
| Sherman Oaks  | CA                 | 91423                   |                            | Toronal Funds of the Canadak               |  |
| Original Amount of Loan   | Cumulative Pa      | yment To D              | ate B                      | Balance Outstanding at Close of This Perio |  |
| 18133.72  |                    | 7                       | 0.00                       | 18133.72                                   |  |
| TERMS Date Incurred   | С                  | Date Due                | Interest R<br>(If none, er |  |  |
| <sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 30 <sup>D</sup> / <sup>Y</sup> Ž014 Y | M M / D D          | / Y12/3                 | ś1/2Ŏ15 <sup>Y</sup>       | 0.00 % (apr) Yes X No                      |  |
| List All Endorsers or Guarantors (if any)   | to Loan Source     |                         |                            |  |  |
| 1. Full Name (Last, First, Middle Initial)  |                    |                         | Name of Employer           |  |  |
| Mailing Address   |                    |                         | Occupation                 |  |  |
|   |                    |                         |                            |  |  |
| 011   | 710.0              |                         | Amount<br>Guaranteed       |  |  |
| City  | ZIP Code           |                         | Outstanding:               | . , ,                                      |  |
| 2. Full Name (Last, First, Middle Initial)  |                    |                         | Name of Employer           |  |  |
| Mailing Address   |                    | (                       | Occupation                 |  |  |
|   |                    |                         | Amount                     |  |  |
| City State  | ZIP Code           |                         | Guaranteed Outstanding:    | 7  |  |
| 3. Full Name (Last, First, Middle Initial)  |                    |                         | Name of Employer           |  |  |
| Mailing Address   |                    |                         | Occupation                 |  |  |
|   |                    |                         | Amount                     |  |  |
| City  | ZIP Code           |                         | Guaranteed<br>Outstanding: | 9  |  |
| 4. Full Name (Last, First, Middle Initial)  |                    |                         | Name of Employer           |  |  |
| Mailing Address   |                    |                         | Occupation                 |  |  |
|   |                    | <u> </u>                | Amount                     |  |  |
| City  | ZIP Code           |                         | Guaranteed Outstanding:    | 7  |  |
|   |                    |                         |                            |  |  |
| SUBTOTALS This Period This Page (optional)  |                    |                         | ······                     | 18133.72                                   |  |
| TOTALS This Period (last page in this line onl                                    | y)                 |                         |                            | 58133.72                                   |  |
| Corny outstanding belongs cally to LINE 2. Co                                     | hodulo D. for this | o lino 14 mi            | Sobodulo D. com: f         | onward to appropriate line of Commercial   |  |
| Carry outstanding balance only to LINE 3, Sc                                      | neaule D. for this | s ime. IT no            | ocnedule D. Carry fo       | orward to appropriate line of Summary.     |  |

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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** 

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

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

10

NAME OF COMMITTEE (In Full)

Pablo Kleinman for Congress

| Pablo Kleinman for C   | Congre   | ess                           |   |  |
|--|--|-------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) of D                        | Nature of Debt (Purpose): Fundraising/Consultant                 |                               |   |  |
| CTM Consulting   | rundraising/Consultant   |                               |   |  |
| Mailing Address 7119 W. Sunset Blvd., #444                             |  |                               |   |  |
| City   | City State Zip Code  |                               |   |  |
| Los Angeles  | CA   | 90046                         |   |  |
| Outstanding Balance Beginning This Perio                               | d  |                               | Transaction ID : PAYD200                                      |  |
| 4049.00  | 4049.00  |                               |   |  |
| Amount Incurred This Period  |  | Payment This Period           | Outstanding Balance at Close of This Period                   |  |
| 0.00   |  | 0.00                          | 4049.00   |  |
| B. Full Name (Last, First, Middle Initial) of De Johnson, Maureen, , , | ebtor or Cred  | ditor                         | Nature of Debt (Purpose):<br>Volunteer Recruitment Consultant |  |
| Mailing Address 8828 Pershing Dr., #108                                |  |                               |   |  |
| City<br>Playa Del Rey  | State<br>CA  | Zip Code<br>90293             |   |  |
|  |  | 90293                         |   |  |
| Outstanding Balance Beginning This Perio                               | 1  |                               | Transaction ID: PAYD201                                       |  |
| 2220.00  |  | B                             |   |  |
| Amount Incurred This Period Payment 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 Creditor |                               |   |  |
| Kochba, Mara, , ,  |  |                               | Fundraising/Consultant  |  |
| Mailing Address 9301 Wilshire Blvd., #613                              |  |                               |   |  |
| City   | State  | Zip Code                      |   |  |
| Beverly Hills  | CA   | 90210                         |   |  |
| Outstanding Balance Beginning This Perio                               | d  |                               | Transaction ID : PAYD199                                      |  |
| 669.00   |  |                               |   |  |
| Amount Incurred This Period  |  | Payment This Period           | Outstanding Balance at Close of This Period                   |  |
| 0.00   |  | 0.00                          | 669.00  |  |
| 1) SUBTOTALS This Period This Page (option                             | al)  |                               | 6938.00   |  |
| 2) TOTALS This Period (last page this line nur                         |  |                               |   |  |
| 3) TOTAL OUTSTANDING LOANS from Schee                                  |  |                               |   |  |
| 4) ADD 2) and 3) and carry forward to approp                           | oriate line of   | Summary Page (last page only) |   |  |

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 10 OF FOR LINE NUMBER: (check only one)

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

10

NAME OF COMMITTEE (In Full)

| Pablo Kleinman for C                            | Congre  | ess                 |   |  |  |
|---|---|---------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) of [ | Nature of Debt (Purpose):                                   |                     |   |  |  |
| Levin, Darby, , ,                               | Field Strategy Consultant                                   |                     |   |  |  |
| Mailing Address 13260 Moorpark, #1              |   |                     |   |  |  |
| City  | State   | Zip Code            |   |  |  |
| Sherman Oaks                                    | CA  | 91423               |   |  |  |
| Outstanding Balance Beginning This Period       | d   |                     | Transaction ID : PAYD158                    |  |  |
| 959.00  | 959.00  |                     |   |  |  |
| Amount Incurred This Period                     |   | Payment This Period | Outstanding Balance at Close of This Period |  |  |
| 0.00  |   | 0.00                | 959.00                                      |  |  |
| D. Full Name / oct First Middle Initial) of D   | abtar ar Craa   | litor               | , ,   |  |  |
| B. Full Name (Last, First, Middle Initial) of D | eptor or Gred   | illor               | Nature of Debt (Purpose):                   |  |  |
| Mailing Address                                 |   |                     |   |  |  |
| Mailing Address                                 |   |                     |   |  |  |
| City  | State   | Zip Code            |   |  |  |
| Outstanding Balance Beginning This Perio        | .d  |                     |   |  |  |
| Catetarioning Datarios Deginining Title 1 one   |   |                     |   |  |  |
| 7 7   | _   | Payment This Period |   |  |  |
| Amount Incurred This Period                     | Outstanding Balance at Close of This Period                 |                     |   |  |  |
|   |   |                     |   |  |  |
| C. Full Name (Last, First, Middle Initial) of I | Nature of Debt (Purpose):                                   |                     |   |  |  |
|   |   |                     |   |  |  |
| Mailing Address                                 |   |                     |   |  |  |
| City  | State   | Zip Code            |   |  |  |
| City  | State   | Zip Code            |   |  |  |
| Outstanding Balance Beginning This Period       | d   |                     |   |  |  |
|   | 1   |                     |   |  |  |
| Amount Incurred This Period                     |   | Payment This Period | Outstanding Balance at Close of This Period |  |  |
|   | 1   |                     | 1   |  |  |
| 7 7   |   | 9 9                 |   |  |  |
| 1) SUBTOTALS This Period This Page (option      | 1) SUBTOTALS This Period This Page (optional)               |                     |   |  |  |
| 2) TOTALS This Period (last page this line nu   | 7897.00   |                     |   |  |  |
| 3) TOTAL OUTSTANDING LOANS from Sche            | 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) |                     |   |  |  |
| 4) ADD 2) and 3) and carry forward to approp    | 66030.72  |                     |   |  |  |