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# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	mittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	•	cample: If typing, type er the lines.	12FE4M5	
Pablo Kleinman fo	or Congress				1
DDRESS (number and str	eet) 525 E. Seaside	e Way, #101-C			
▼ Check if differer					
than previously reported. (ACC)	Long Beach			CA 9080	)2
. FEC IDENTIFICATI	ON NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00554360		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
. TYPE OF REPOF	OT (Change One)				
		(b) 12-Day <b>PRE</b>	-Election Report for the	he:	
(a) Quarterly Repor	15.		Primary (12P)	General (12G)	Runoff (12R)
X April 15 Qua	arterly Report (Q1)	П	0(100)	0	
July 15 Qua	rterly Report (Q2)		Convention (12C)	Special (12S)	
October 15	Quarterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y	in the State of
January 31	Year-End Report (YE)	(c) 30-Day <b>POS</b>	ST-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination	Report (TER)	Election on	M M / D D	/ Y Y Y Y	in the State of
i. Covering Period	M M / D D /	y y y y 2023	through	03 / D D / Y	y y y 2023
certify that I have exam	ined this Report and to Crummitt, Ga		nowledge and belief it	is true, correct and cor	nplete.
Type or Print Name of Tr	easurer	·· / 1 1			
Signature of Treasurer	Crummitt, Gary, , ,		[Electronically Filed]	Date 04	01 / Y Y Y Y Y Y Y 2023
NOTE: Submission of false	, erroneous, or incomple	ete information mav	subject the person siar	ning this Report to the pe	enalties of 52 U.S.C. §3010
Office			1	<u> </u>	
Use Only					FEC FORM 3 (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

R	eport	t Covering the Period: From:	01 / 01 / Y Y Y Y Y TO:	M 03 / 31 / Y 2023 Y
			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 addule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on needule 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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

### Pablo Kleinman for Congress

Report Covering the Period: From: 01 01 2023 To: 03 31 2023

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. C	CONTRIBUTIONS (other than loans) FROM:				
(a	•				
	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		
(k	,	0.00	0.00		
(0	c) Other Political Committees (such as PACs)	0.00	0.00		
(c (€	TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00		
	RANSFERS FROM OTHER	0.00	0.00		
Α	UTHORIZED COMMITTEES	0.00	0.00		
	OANS: a) Made or Guaranteed by the				
(0	Candidate	0.00	0.00		
(b	,	0.00	0.00		
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00		
	PFFSETS TO OPERATING				
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
- 1	OTAL RECEIPTS (add Lines 1(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 Total This Period	COLUMN B Election Cycle-to-Date		
17. OPERATING EXPENDITURES	0.00	0.00		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
LOAN 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. REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Then Political Committees	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees(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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00		
III. CASH S	SUMMARY			
23. CASH ON HAND AT BEGINNING OF REP	ORTING PERIOD	0.00		
24 TOTAL RECEIPTS THIS PERIOD (from Lin	e 16, page 3)	0.00		
25. SUBTOTAL (add Line 23 and Line 24)		0.00		
26. TOTAL DISBURSEMENTS THIS PERIOD (f	from Line 22)	0.00		
27. CASH ON HAND AT CLOSE OF REPORTI (subtract Line 26 from Line 25)	NG PERIOD	0.00		

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

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

PAGE 5 FOR LINE NUMBER: (check only one)

13a

10

			Detailed Guiriniary	i age	<b>x</b>   13b	
NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress			Tra	nsaction ID :	PC56	
LOAN SOURCE Full Name (Last, First, Mic	ddo Initial)			F14!-	2. 0044	
Kleinman, Pablo, , ,	☐ Memo I	<b>x</b> Pri	n: 2014 mary			
Mailing Address 3906 Murietta Ave.				neral her (specify) ▼		
City	State	ZIP Code	<b>.</b>			
Sherman Oaks	CA	91423		P	ersonal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outs	standing at Close of This Period	
70000.00	7		30000.00		40000.00	
TERMS Date Incurred	D	ate Due	Interest (If none,		Secured:	
M03M / D31D / Y 2014 Y	M M / D D	/ Y Y	Nohe Y	0.00	% (apr) Yes X 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			
City State	ZIP Code		Guaranteed Outstanding:	-	9	
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7	7	
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 Outstanding:	7	7	
SUBTOTALS This Period This Page (optional).		'			10000.00	
TOTALS This Period (last page in this line only					40000.00	
TOTALS THIS FERIOU (last page in this life only	/) ·····		······		, , , , , ,	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to a	appropriate line of Summarv.	

# : 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: PC56

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 FOR LINE NUMBER: (check only one)

13a

10

				<b>x</b> 13b			
NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress			Transaction ID : PC178				
1 abio Neiminam or Congress							
LOAN SOURCE Full Name (Last, First, Mic Kleinman, Pablo, , ,	ldle Initial)		☐ Memo	Election: 2014  Primary  General			
Mailing Address 3906 Murietta Ave.				Other (specify)			
City Sharman Calca	State CA	ZIP Code 91423		Personal Funds of the Candidate			
Sherman Oaks							
Original Amount of Loan	Cumulative Pay	yment To Da		Balance Outstanding at Close of This Period			
18133.72			0.00	18133.72			
TERMS Date Incurred	D	ate Due	Interest (If none,				
M05 <sup>M</sup> / D30 <sup>D</sup> / Y Ž014 Y	M M / D D	/ <sup>Y</sup> 12/3	1/2Ŏ15 <sup>Y</sup>	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)		N	lame of Employer				
Mailing Address		C	Occupation				
			Amount				
City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			lame of Employer				
Mailing Address		C	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:  Name of Employer				
3. Full Name (Last, First, Middle Initial)		N					
Mailing Address		C	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	y			
4. Full Name (Last, First, Middle Initial)	•	N	lame of Employer				
Mailing Address			Occupation				
		A	Amount				
City State	ZIP Code		Guaranteed Outstanding:	9 9			
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only				58133.72			
Carry outstanding balance only to LINE 3. Sch	odulo D. familia	line !f == :	Cohodula D	forward to appropriate line of Community			

# : 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** 

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

PAGE 9 OF FOR LINE NUMBER: (check only one)

	9
x	10

10

:XC	luding Loans			Hambered line)	<b>  *</b>   10		
NA	ME OF COMMITTEE (In Full)						
F	Pablo Kleinman for Co	onare	ess				
_	A. Full Name (Last, First, Middle Initial) of De			Noture of D	ebt (Purpose):		
	CTM Consulting		g/Consultant				
	OTIVI Consulting						
Ī	Mailing Address 7119 W. Sunset Blvd., #444						
ļ	O!		7: 0 !				
	City	State Zip Code					
ŀ	Los Angeles	CA	90046				
	Outstanding Balance Beginning This Period			Transactio	on ID : PD200		
	4049.00						
	Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period		
	0.00		0.0				
	0.00		0.0	50	4049.00		
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	ditor	Natura of D	ebt (Purpose):		
	Johnson, Maureen, , ,				Recruitment Consultant		
	Mailing Address 8828 Pershing Dr., #108						
ŀ	City	State	Zip Code				
	Playa Del Rey	CA 90293					
Ī	Outstanding Balance Beginning This Period				on ID : PD201		
				Transaction			
	2220.00						
	Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period		
	0.00	0.00		00	2220.00		
	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		,		
	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor		Nature of Debt (Purpose):		
	Kochba, Mara, , ,			Fundraisin	g/Consultant		
ŀ	Mailing Address 9301 Wilshire Blvd., #613						
	9301 Wilstille Bivd., #013						
	City	State	Zip Code				
ļ	Beverly Hills	CA	90210				
	Outstanding Balance Beginning This Period			Transacti	on ID : PD199		
	669.00						
	Amount Incurred This Period		Payment This Period	Outetandir	ng Balance at Close of This Period		
			· · · · · · · · ·				
	0.00		0.0	00	669.00		
1)	SUBTOTALS This Period This Page (optional	)		▶	6938.00		
	TOTAL 0 TI : D : 1 //				, , , , , , , , , , , , , , , , , , , ,		
2)	TOTALS This Period (last page this line numl	····	, , , , , , , , , , , , , , , , , , , ,				
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last r	page only)				
			- <i>,</i> ,	_	7 7 7		
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page or	nly) 🕨			

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

**Excluding Loans** 

(Use separate schedule(s) for each

PAGE 10 OF **FOF** (che

R LINE NUMBER:		
eck only one)		9
	v	10

numbered line) NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Strategy Consultant Levin, Darby, , , Mailing Address 13260 Moorpark, #1 State Zip Code City CA 91423 Sherman Oaks Transaction ID: PD158 Outstanding Balance Beginning This Period 959.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 959.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City Zip Code State 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 Debtor or Creditor 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 1) SUBTOTALS This Period This Page (optional) ..... 959.00 2) TOTALS This Period (last page this line number only) ..... 7897.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----58133.72 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 66030.72