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PAGE 1 / 10

FEC FORM 3			-	ECEIPTS EMENTS			• Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Τ ▼	Example: If typin over the lines.	ig, type	12FE4M5	
Pablo Kleinma	,	ngress					
ADDRESS (number an		525 E. Seaside	e Way, #101-C				
Check if dif than previou reported. (A	usly	Long Beach					90802
2. FEC IDENTIFIC	CATION N	UMBER 🔻	CITY	•		STATE 🔺	ZIP CODE
C C0055436			3. IS THIS REPORT	X NEW (N)	OR	AMENDI (A)	ED STATE ▼ DISTRICT
July 15 October X January	eports: Quarterly F Quarterly F r 15 Quarter	Report (Q1) Report (Q2) rly Report (Q3) nd Report (YE)	Election	PRE-Election Report Primary (12P Convention (on POST-Election Rep General (30C) 12C) Doort for th	General (12 Special (12	2S) in the State of
5. Covering Period	M 1	M / D D /	Election	through	M 12	M / D D / 31	State of
I certify that I have e Type or Print Name of		Crummitt, Ga		y knowledge and .	belief it is	true, correct and	complete.
Signature of Treasure		mmitt, Gary, , ,		[Electronically	Filed]	Date 01	/ D D / Y Y Y Y 25 / 2021
	false, errone	eous, or incomple	ete information m	nay subject the per	son signing	g this Report to the	e penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

Ima	age# 202101319418640687		
	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 10
	Vrite or Type Committee Name Pablo Kleinman for Congress		
R	Report Covering the Period: From:	10 / D D / Y Y Y Y 2020 To:	M M / D D / Y Y Y Y 12 31 / 2020
		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.	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY		

For further information contact:

66030.72

the Committee (Itemize all on

Schedule C and/or Schedule D).....

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

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

Image# 202101319418640688		
	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:	M / D D / Y Y Y Y 0 01 / 2020 To:	M M / D D / Y Y Y Y 12 31 2020
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		
(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	0.00	0.00
(e) TOTAL CONTRIBUTIONS	, , ,	, ,
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER	0.00	0.00
AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
Ganuluate	y y a h	
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	7 7 8	
15. OTHER RECEIPTS	0.00	0.00
(Dividends, Interest, etc.)	y y	7 7 7
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)	0.00	2.00
(Carry Total to Line 24, page 4)	0.00	0.00

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 0.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 0.00 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		,		7	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	-	0.00

DETAILED SUMMARY PAGE

of Disbursements

AGE 4 / 10

		Ρ

CHEDULE C (FEC Form 3) DANS			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:					
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:	7 7 7 7				
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:

HEDULE C (FEC	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Fu ablo Kleinman for Co	,			l Transac	tion ID : PAYC178			
LOAN SOURCE Full Nam Kleinman, Pablo, , ,	ne (Last, First, Mic	Idle Initial)		Memo Item	Election: 2014 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 / D30 ^D /	ed 2014 ^Y		Date Due	Interest Rate (If none, enter 0.0	0)			
List All Endorsers or Gua 1. Full Name (Last, First,		o Loan Source		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, First, N	Middle Initial)			Name of Employer				
Mailing Address				Occupation Amount				
City	State	ZIP Code		Guaranteed	9 9 9 9			
3. Full Name (Last, First, N	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
4. Full Name (Last, First, N	Middle Initial)	,		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
UBTOTALS This Period This	s Page (optional)		I	······ [18133.72			
OTALS This Period (last page	ne 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) Dable Kleinman for C	(Use separate schedule(s) for each numbered line)	schedule(s)FOR LINE NUMBER:for each(check only one)9					
A. Full Name (Last, First, Middle Initial) of De CTM Consulting				lebt (Purpose): g/Consultant			
Mailing Address 7119 W. Sunset Blvd., #444 City	State	Zip Code 90046					
Los Angeles Outstanding Balance Beginning This Period 4049.00 Amount Incurred This Period		Payment This Period		on ID : PAYD200 ng Balance at Close of This Period			
0.00		0.0	00	4049.00			
B. Full Name (Last, First, Middle Initial) of Del Johnson, Maureen, , ,		ebt (Purpose): Recruitment Consultant					
Mailing Address 8828 Pershing Dr., #108	State	Zip Code					
Playa Del Rey Outstanding Balance Beginning This Period 2220.00 Amount Incurred This Period 0.00	CA	90293 Payment This Period	Outstandi	on ID : PAYD201 ng Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of De Kochba, Mara, , , Mailing Address 9301 Wilshire Blvd., #613	ebtor or Cre	ditor		ebt (Purpose): g/Consultant			
City Beverly Hills	State CA	Zip Code 90210					
Outstanding Balance Beginning This Period 669.00 Amount Incurred This Period 0.00		Payment This Period	Outstandi	ion ID : PAYD199 ng Balance at Close of This Period 669.00			
1) SUBTOTALS This Period This Page (optiona	-		···· •	6938.00			
 2) TOTALS This Period (last page this line num 3) TOTAL OUTSTANDING LOANS from Schedu 				7			
4) ADD 2) and 3) and carry forward to appropr			_	- y - 1 - y			

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

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS			PAGE 10 OF 10 FOR LINE NUMBER: (check only one) 9				
		numbered line)	x 10				
ongre	SS						
ebtor or Cred	itor		ebt (Purpose): egy Consultant				
State CA	Zip Code 91423						
		Transactio	on ID : PAYD158				
			ng Balance at Close of This Period				
	0.0	00	959.00				
btor or Credit	tor	Nature of D	ebt (Purpose):				
State	Zip Code						
	Payment This Period	Outstandi	ng Balance at Close of This Period				
			y				
ebtor or Cred	litor	Nature of D	ebt (Purpose):				
State	Zip Code						
	Payment This Period	Outstandi	ng Balance at Close of This Period				
I)			959.00				
ber only) ······		···· •	7897.00				
ule C (last pa	age only)	···· •	58133.72				
iate line of S	ummary Page (last page o	nly) 🕨	66030.72				
	btor or Credi	CA 91423 Payment This Period 0.0 btor or Creditor 0.1 State Zip Code Payment This Period 0.1 ebtor or Creditor 1 State Zip Code Payment This Period 1 Payment This Period 1 Image: Payment This Period 1 <t< td=""><td>ONGRESS abtor or Creditor State Zip Code CA 91423 Payment This Period Outstandii 0.00 Outstandii btor or Creditor Nature of D State Zip Code State Zip Code Outstandii Outstandii State Zip Code Payment This Period Outstandii Payment This Period Outstandii State Zip Code Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii</td></t<>	ONGRESS abtor or Creditor State Zip Code CA 91423 Payment This Period Outstandii 0.00 Outstandii btor or Creditor Nature of D State Zip Code State Zip Code Outstandii Outstandii State Zip Code Payment This Period Outstandii Payment This Period Outstandii State Zip Code Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii Payment This Period Outstandii				

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