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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	ımittee	0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		kample: If typing, the ver the lines.	type 12FE4M5	
Pablo Kleinman fo	r Congress				1
	525 E. Seaside	e Way, #101-C			
ADDRESS (number and stre	eet)				
Check if different					
than previously reported. (ACC)	Long Beach			CA 90	0802
		CITY A		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATION	ON NUMBER ▼				
C C00554360		3. IS THIS	x NEW	AMENDE	STATE ▼ DISTRICT
		REPORT	(N)	OR (A)	
4. TYPE OF REPOR	T (Choose One)	(b) 12-Day PRE	E-Election Report f	for the:	
(a) Quarterly Reports	S:	п	D: (10D)		D B ((40B)
X April 15 Quar	rterly Report (Q1)	ᆜ	Primary (12P)	General (120	G) Runoff (12R)
			Convention (120	Special (12S	3)
July 15 Quar	terly Report (Q2)		Fortier and	D D / Y Y Y Y	
October 15 0	Quarterly Report (Q3)	Election on		7 7 7 7 7	in the State of
January 31 Y	'ear-End Report (YE)	(c) 20 Day DO	ET Floation Donard	for the	
	(· <u>-</u> ,	(c) 30-Day POS	ST-Election Report		
		Ш	General (30G)	Runoff (30R)	Special (30S)
Termination F	Report (TER)		M M / I	D D / Y Y Y Y	in the
		Election on			State of
5. Covering Period	01	^Y 2020 ^Y	through	03 31 J	2020
I certify that I have examir			nowledge and beli	ef it is true, correct and c	complete.
Type or Print Name of Tre	Crummitt, Ga asurer	ry, , ,			
	Community Comm			M I M	/ D D / Y Y Y
Signature of Treasurer	Crummitt, Gary, , ,		[Electronically Filed	04	10 2020
NOTE: Outresies of fel		to information	aubiest the server	aigning this Dans ()	noneltine of FO LLO O COSCIO
	erroneous, or incomple	ete information may	subject the person	signing this Report to the	penalties of 52 U.S.C. §30109
Office 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

2020 2020 03 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 7.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 7.00 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)

PAGE 3 / 10

Write or Type Committee Name

Pablo Kleinman for Congress

Report Covering the Period: From: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

31 2020

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (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	,	0.00	0.00
(C) Other Political Committees (such as PACs)	0.00	0.00
(c (e) 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 UTHORIZED COMMITTEES	0.00	0.00
3. L	DANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b	,	0.00	0.00
(C	(add Lines 13(a) and (b))	0.00	0.00
	FFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	THER 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

PAGE 4 / 10 FEC Form 3 (Revised 05/2016) **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 7.00 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 0.00 0.00 Than Political Committees 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 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 7.00 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 0.00 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 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)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 0.00 (subtract Line 26 from Line 25).....

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF 10

FOR LINE NUMBER: (check only one) 13a

				x 13b
NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress		Tra	ansaction ID : PAYC56	
<u> </u>				
LOAN SOURCE Full Name (Last, First, Mid	ldle Initial)		☐ Memo	
Kleinman, Pablo, , ,				X Primary General
Mailing Address 3906 Murietta Ave.				Other (specify) \blacktriangledown
City State ZIP Co			•	Personal Funds of the Candidate
Sherman Oaks CA 91423				Torsonal Farias of the Sandidate
Original Amount of Loan Cumulative Payment To			ate	Balance Outstanding at Close of This Period
70000.00		7	30000.00	40000.00
TERMS Date Incurred	D	ate Due	Interest (If none,	, enter 0)
M03M / D31D / Y Z014 Y	M M / D D	/ Y Y	None Y	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source			
1. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
		7	Amount	
City State	ZIP Code		Guaranteed Outstanding:	7
Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer	
			Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer	
			Occupation	
			Amount	
City	ZIP Code		Guaranteed Dutstanding:	7
SUBTOTALS This Period This Page (optional)			······	40000.00
TOTALS This Period (last page in this line only	·)		·····•	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3. Sch	edule D for this	line If no	Schedule D. carry	v forward to appropriate line of Summany

: 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 OF FOR LINE NUMBER: 13a (check only one)

10

X 13b **Transaction ID: PAYC178** 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 3906 Murietta Ave. Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate CA 91423 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 D30 D M 05M ž014 Y12/31/2015 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City 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: 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)

F	Pablo Kleinman for C	ongre	ess	
	A. Full Name (Last, First, Middle Initial) of De CTM Consulting	Nature of Debt (Purpose): Fundraising/Consultant		
	Mailing Address 7119 W. Sunset Blvd., #444			
	City	State	Zip Code	-
	Los Angeles	CA	90046	
	Outstanding Balance Beginning This Period 4049.00	Transaction ID : PAYD200		
	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 Deb	otor or Cred	ditor	Nature of Debt (Purpose): Volunteer Recruitment Consultant
	Johnson, Maureen, , ,			Volunteer Recruitment Consultant
	Mailing Address 8828 Pershing Dr., #108			
	City Playa Del Rey	State CA	Zip Code 90293	
	Outstanding Balance Beginning This Period	CA	30230	
	2220.00	Transaction ID : PAYD201		
	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 De	btor or Cre	editor	Nature of Debt (Purpose):
	Kochba, Mara, , ,	Fundraising/Consultant		
	Mailing Address 9301 Wilshire Blvd., #613		-	
	City Beverly Hills	State CA	Zip Code 90210	
	Outstanding Balance Beginning This Period			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 (optional)		6938.00
2)	TOTALS This Period (last page this line num			
3)	TOTAL OUTSTANDING LOANS from Schedu			
4)	ADD 2) and 3) and carry forward to appropri			

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
	¥	10

10

NAME OF COMMITTEE (In Full)

Pablo Kleinm	nan for Congi	ress		
A. Full Name (Last, First, Levin, Darby, , ,	Middle Initial) of Debtor or C	Nature of Debt (Purpose): Field Strategy Consultant		
Mailing Address 13260 M	oorpark, #1			
City Sherman Oaks	State CA	Zip Code 91423		
Outstanding Balance Be	ginning This Period	-	Transaction ID : PAYD158	
	959.00			
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , , ,	0.00	0.00	959.00	
B. Full Name (Last, First, N	Middle Initial) of Debtor or Ci	reditor	Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Be	ginning This Period			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
, , , ,		7		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Be	ginning This Period	I		
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
, ,		9 9 9 9		
1) SUBTOTALS This Period	This Page (optional)		959.00	
2) TOTALS This Period (last page this line number only)			7897.00	
3) TOTAL OUTSTANDING L	OANS from Schedule C (las	58133.72		
4) ADD 2) and 3) and carry	forward to appropriate line of	▶ 66030.72		