PAGE 1 / 10

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	thorized Com	mittee		С	Office Use Only
I. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, er the lines.	type	12FE4M5	
Pablo Kleinman for C	ongress					1
	505 5 0 10 1	N #404 O				
DDRESS (number and street)	525 E. Seaside \	/vay, #101-C				
▼ Check if different						
than previously reported. (ACC)	Long Beach				CA 90	0802
. FEC IDENTIFICATION I	MIIMRED W	CITY ▲		S	STATE A	ZIP CODE ▲
. TEO IDENTIFICATION I	TOMBEN V					STATE ▼ DISTRICT
C C00554360		3. IS THIS REPORT	X NEW (N)	OR	AMENDEI (A)	CA 30
TYPE OF PEROPT 10)					
TYPE OF REPORT (C(a) Quarterly Reports:	Choose One)	(b) 12-Day PRE	-Election Report	for the:		
			Primary (12P)		General (120	G) Runoff (12R)
April 15 Quarterly	Report (Q1)	П	Convention (12	2C)	Special (12S	S)
July 15 Quarterly	Report (Q2)		`			
October 15 Quart	terly Report (Q3)	Election on	M - M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-l	End Report (YE)	(c) 30-Day POS	T -Election Repo	rt for the:		
_		(, 10 13, 11 1	General (30G)	Γ	Runoff (30R)) Special (30S)
П	. (775)		derierar (50d)		Tranon (501)	Special (505)
Termination Repo	rt (IER)	Election on	M M /	D D /	YYYY	in the State of
	<u>'</u>					
. Covering Period	07 / D1 /	2020	through	м м 09	30	Y Y Y Y 2020
certify that I have examined	this Report and to t	the best of my kn	nowledge and be	elief it is tru	ue, correct and o	complete.
ype or Print Name of Treasur	Crummitt, Gary rer	, , ,				
Cr ignature of Treasurer	rummitt, Gary, , ,		[Electronically Fil	<i>led]</i> Da	ate	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
OTE: Submission of false, erro	neous, or incomplete	e information may	subject the perso	n sianina th	nis Report to the	penalties of 52 U.S.C. 83010
Office Office	neous, or incomplete	inomation may	Jabjeet trie perso	ar signing ti	no rioport to the	periation of 52 0.5.0. 95010
Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 10

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Pablo Kleinman for Congress

R	epor	t Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M 09 M / D D / Y 2020 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	7.00
	(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	7.00
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 needule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY 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

FEC Form 3 (Revised 05/2016)

of Receipts

PAGE 3 / 10

I RECEIPTS	COLUMN A		COLUMN B
Report Covering the Period: Fr	om: 07 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To:	M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
Write or Type Committee Name Pablo Kleinman for Cong	ress		
TEO TOTAL O (NOVISCO 00/20	19)		

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period		
1.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(i) Unitaryinad	0.00	0.00	
	(ii) Unitemized(iii) TOTAL of contributions	3.00		
	from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees		7 7 7	
	(such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(e) TOTAL CONTRIBUTIONS			
	(other than loans)	0.00	0.00	
	(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	
3.	LOANS:			
	(a) Made or Guaranteed by the	0.00	0.00	
	Candidate	7	0.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS	0.00	0.00	
	(add Lines 13(a) and (b))	7	7	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS	0.00	0.00	
	(Dividends, Interest, etc.)	3.65	9	
	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)

PAGE 4 / 10

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	7.00
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	7.00
	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 (fro	m Line 22)	0.00
		G PERIOD	

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

			Detailed Guillinary	i age	x 13b	
NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress			Trai	nsaction ID	PAYC56	
LOAN SOURCE Full Name (Last, First, Mic	Adla Initial			L11.	nn: 0044	
Kleinman, Pablo, , ,	adie iriitiai)		☐ Memo I	X Pi	on: 2014 rimary eneral	
Mailing Address 3906 Murietta Ave.					ther (specify) ▼	
City	State	ZIP Code	;		Description of the Operations	
Sherman Oaks	CA	91423			Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Out	standing at Close of This Period	
70000.00	,		30000.00	L	40000.00	
TERMS Date Incurred	D	ate Due	Interest (If none,		Secured:	
M03M / D31D / Y Ž014 Y	M M / D D	/ Y Y	None Y	0.00	% (apr) Yes No	
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code	I	Guaranteed Outstanding:	7	7	
2. Full Name (Last, First, Middle Initial)	1	1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code	I	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	9	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		7	Amount			
City State	ZIP Code		Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page (optional)	'	<u> </u>				
-					40000.00	
TOTALS This Period (last page in this line only	/) ·····		······•	L	, , , , , , ,	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to	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: PAYC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

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

Use separate schedule(s) for each category of the

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

10

				Detailed Sur	mmary Page	• (,,	x 13b
NAME OF COMMITTEE (In Pablo Kleinman for					Transact	ion ID : PAYC17	В	
LOAN SOURCE Full N		dde Initial)				Election: 2014		
	Kleinman, Pablo, , ,				lemo Item	Primary General		
Mailing Address 3906 Murietta Ave.						Other (spec	ify) 🔻	
City		State	ZIP Code			Personal F	unds of the	e Candidate
Sherman Oaks		CA	91423					
Original Amount of Loa		Cumulative Pa	ayment To Da		Balan	nce Outstanding		
7	18133.72			0.00		9	181	33.72
TERMS Date Inc	urred		Date Due		terest Rate none, enter (,	Secur	ed:
M05 ^M / D30 ^D /	^Y Ž01 <i>4</i> ^Y	M M / D D	y12/3	1/2Ŏ15 ^Y	0.0	0/ / >	Y	es 🗷 No
List All Endorsers or C	Guarantors (if any) t	o Loan Source	,					
1. Full Name (Last, Fire	st, Middle Initial)		N	lame of Emplo	oyer			
Mailing Address			C	Occupation				
City	State	ZIP Code		amount Guaranteed Outstanding:		, ,		
2. Full Name (Last, Firs	t, Middle Initial)		N	lame of Emplo	oyer			
Mailing Address			C	Occupation				
				mount				_
City	State	ZIP Code		Guaranteed Outstanding:		7		
3. Full Name (Last, Firs	t, Middle Initial)	1	N	lame of Emplo	oyer			
Mailing Address			C	Occupation				
City	State	ZIP Code		amount Guaranteed Outstanding:		7 7		
4. Full Name (Last, Firs	t, Middle Initial)			lame of Emplo	oyer			
Mailing Address			C	Occupation				
			_	mount				
City	State	ZIP Code	I	Guaranteed Outstanding:		7		
SUBTOTALS This Period	This Page (optional)				· [181	33.72
TOTALS This Period (last	page in this line only	/)			· [,	581	33.72
Carry outstanding balance	a only to LINE 3 Sci	nedule D. for thi	is line If no	Schedule D	carry forw	ard to appropris	te 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: PAYC178

LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID:

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

Exc

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

9

10

Excluding Loans			numbered line)	 X 10
NAME OF COMMITTEE (In Full)			•	
Pablo Kleinman for C	ongre	ess		
A. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Nature of Debt (F	
CTM Consulting			Fundraising/Con	sultant
Mailing Address 7119 W. Sunset Blvd., #444				
City	City State Zip Code			
Los Angeles	CA	90046		
Outstanding Balance Beginning This Period	d		Transaction ID	: PAYD200
4049.00				
Amount Incurred This Device		Downant This Davied	Outstanding Ro	lance at Class of This Deviced
Amount Incurred This Period		Payment This Period		lance at Close of This Period
0.00		0.0	0	4049.00
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor	Nature of Debt (F	
Johnson, Maureen, , ,			Volunteer Recrui	tment Consultant
Mailing Address 8828 Pershing Dr., #108				
City	State	Zip Code		
Playa Del Rey	CA	90293		
Outstanding Balance Beginning This Period	d		Transaction ID	: PAYD201
2220.00				
Amount Incurred This Period		Payment This Period	Outstanding Ba	lance at Close of This Period
0.00		0.0	0	2220.00
7		7		
C. Full Name (Last, First, Middle Initial) of D Kochba, Mara, , ,	ebtor or Cre	editor	Nature of Debt (F Fundraising/Con	
Mailing Address 9301 Wilshire Blvd., #613				
City	State	Zip Code		
Beverly Hills	CA	90210		
Outstanding Balance Beginning This Period	d		Transaction ID	: PAYD199
669.00				
7 7		Downant This Davied	Outstanding Do	lance at Class of This Deviced
Amount Incurred This Period		Payment This Period		lance at Close of This Period
0.00		0.0	0	669.00
1) SUBTOTALS This Period This Page (optional	al)			6938.00
2) TOTALS This Period (last page this line num	nber only) ····			,
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last p	page only)		
4) ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page on	nly) ►	

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

Excluding Loans

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

PAGE 10 OF FOR (chec

LINE NUMBER:		
ck only one)		9
	v	10

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: PAYD158 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