

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Pablo Kleinman for Congress

ADDRESS (number and street) 525 E. Seaside Way, #101-C

Check if different than previously reported. (ACC)

Long Beach

CA

90802

2. **FEC IDENTIFICATION NUMBER** ▼

C C00554360

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CA

30

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 06 / 03 / 2014 in the State of CA

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gary Crummitt

Signature of Treasurer Gary Crummitt

[Electronically Filed]

Date

07 / 12 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Pablo Kleinman for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 2014

	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))....	28098.00	72592.00
(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)).....	28098.00	72592.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	65209.63	95591.39
(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)).....	65209.63	95591.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17015.61	
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 the Committee (Itemize all on Schedule C and/or Schedule D).....	48649.77	

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 12/2003)

Write or Type Committee Name

Pablo Kleinman for Congress

Report Covering the Period: From: / / To: / /

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).....	25800.00	67050.00
(ii) Unitemized.....	1298.00	2542.00
(iii) TOTAL of contributions from individuals ▶	27098.00	69592.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28098.00	72592.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	70000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	70000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	15.00	15.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28113.00	142607.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65209.63	95591.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	30000.00	30000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	30000.00	30000.00
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) ►	95209.63	125591.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	84112.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28113.00
25. SUBTOTAL (add Line 23 and Line 24).....	112225.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95209.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17015.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Adding unitemized contributions

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Kate Axelrod

Mailing Address 3315 S. Bentley Ave.

City Los Angeles State CA Zip Code 90034

FEC ID number of contributing federal political committee. **C**

Name of Employer Absolute Configuration Inc. Occupation Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : INCA87

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Keith Boesky

Mailing Address 520 Beirut Ave.

City Pacific Palisades State CA Zip Code 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Boesky & Company Occupation Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : INCA134

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lawrence E. Feigen

Mailing Address 9200 W. Sunset Blvd. 7th Fl.

City West Hollywood State CA Zip Code 90069

FEC ID number of contributing federal political committee. **C**

Name of Employer Windsor Care Facilities Occupation COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : INCA72

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Yehuda Feigen

Mailing Address 9200 W. Sunset Blvd., 7th Fl.

City West Hollywood State CA Zip Code 90069

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2014

Transaction ID : INCA195

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Lawrence Field

Mailing Address 433 N Camden Drive #820

City Beverly Hills State CA Zip Code 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer NSB Associates Occupation Real Estate Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : INCA112

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Larry G. Hart

Mailing Address 3772 Gleneagles Dr.

City Tarzana State CA Zip Code 91356

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2014

Transaction ID : INCA71

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Sandra Heffesse

Mailing Address 292 La Cienega Blvd. Ste.207

City State Zip Code
Beverly Hills CA 90211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : INCA132

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Jeff Krause

Mailing Address 17211 Rancho St.

City State Zip Code
Encino CA 91316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gibson Dunn Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2014

Transaction ID : INCA120

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Michael Marchetti

Mailing Address 332 10th St.

City State Zip Code
Manhattan Beach CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Michael Marchetti Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : INCA100

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Adam Milstein

Mailing Address 1602 Ventura Blvd. Ste. 550

City Encino State CA Zip Code 91436

FEC ID number of contributing federal political committee. **C**

Name of Employer Hager Pacific Properties Occupation Real Estate Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA107

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Charles T. Munger Jr.

Mailing Address 1423 Hamilton Ave.

City Palo Alto State CA Zip Code 94301

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanford University Occupation Physicist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : INCA121

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Richard Polak

Mailing Address 5455 Wilshire Blvd.

City Los Angeles State CA Zip Code 90036

FEC ID number of contributing federal political committee. **C**

Name of Employer Gallagher Occupation HR Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : INCA109

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Lawrence Post

Mailing Address 1160 Tower Rd.

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2014

Transaction ID : INCA138

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Denny Schneider

Mailing Address 7929 Breen Ave.

City State Zip Code
Los Angeles CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : INCA110

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rivka Seiden

Mailing Address 433 N Camden Drive #820

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : INCA113

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Robert Shillman

Mailing Address P.O.Box 676267

City Rancho Santa Fe State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Cognex Corporation Occupation Business Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : INCA86

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Barry Wolfe

Mailing Address 22578 Falmingo St.

City Woodland Hills State CA Zip Code 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : INCA82

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Joshua Yguado

Mailing Address 3437 Halderman St.

City Los Angeles State CA Zip Code 90066

FEC ID number of contributing federal political committee. **C**

Name of Employer SGN Occupation Mobil Technology

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : INCA106

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

25800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial)
Heller Highwater PAC

Mailing Address P.O.Box 370672

City Las Vegas State NV Zip Code 89137

FEC ID number of contributing federal political committee. **C** C00471607

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA111

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial)
A. Budget Watchdogs Newsletter #1345115

Mailing Address 1954 W. Carson St., #B

City Carson State CA Zip Code 90501

Purpose of Disbursement Slate Mailer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 4924.00

Transaction ID : EXPB103

Category/Type: 004

Full Name (Last, First, Middle Initial)
B. California Voter Guide #595004

Mailing Address 1954 W. Carson St., #B

City Torrance State CA Zip Code 90501

Purpose of Disbursement Slate Mailer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 2431.00

Transaction ID : EXPB104

Category/Type: 004

Full Name (Last, First, Middle Initial)
C. Citi Cards

Mailing Address Processing Center

City Des Moines State IA Zip Code 50363-0005

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 24 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : EXPB118

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 10355.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Citizens for Good Government		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 728 W. Edna Pl.		Amount of Each Disbursement this Period 2941.70 Transaction ID : EXPB102
City Covina State CA Zip Code 91722	Purpose of Disbursement Slate Mailer Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Continuing the Republican Revolution #598041		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1300 Bristol St. North, #100		Amount of Each Disbursement this Period 800.00 Transaction ID : EXPB101
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement Slate Mailer Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Crummitt & Associates		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 525 E. Seaside Way, #101-C		Amount of Each Disbursement this Period 2050.00 Transaction ID : EXPB91
City Long Beach State CA Zip Code 90802	Purpose of Disbursement Treasurer Services Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5791.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Crummitt & Associates		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 525 E. Seaside Way, #101-C		Amount of Each Disbursement this Period 2050.00 Transaction ID : EXPB124
City Long Beach State CA Zip Code 90802	Purpose of Disbursement Treasurer Services Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Crummitt & Associates		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 525 E. Seaside Way, #101-C		Amount of Each Disbursement this Period 2050.00 Transaction ID : EXPB137
City Long Beach State CA Zip Code 90802	Purpose of Disbursement Treasurer Services Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CTM Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 7119 W. Sunset Blvd., #444		Amount of Each Disbursement this Period 3000.00 Transaction ID : EXPB70
City Los Angeles State CA Zip Code 90046	Purpose of Disbursement Fundraising/Consulting Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. CTM Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 7119 W. Sunset Blvd., #444		Amount of Each Disbursement this Period 477.96 Transaction ID : EXPB105
City Los Angeles	State CA	
Zip Code 90046	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CTM Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 7119 W. Sunset Blvd., #444		Amount of Each Disbursement this Period 3000.00 Transaction ID : EXPB122
City Los Angeles	State CA	
Zip Code 90046	Purpose of Disbursement Fundraising/Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Gelb Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 17547 Ventura Blvd., #201		Amount of Each Disbursement this Period 1600.00 Transaction ID : EXPB117
City Encino	State CA	
Zip Code 91316	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5077.96
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Maureen Johnson		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 8828 Pershing Dr., #108		Amount of Each Disbursement this Period 3000.00 Transaction ID : EXPB115
City Playa Del Rey	State CA	
Purpose of Disbursement Volunteer Recruitment Consultant	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mara Kochba		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 9301 Wilshire Blvd., #613		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB66
City Beverly Hills	State CA	
Purpose of Disbursement Fundraising/Consultant	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Darby Levin		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 13260 Moorpark, #1		Amount of Each Disbursement this Period 6600.00 Transaction ID : EXPB114
City Sherman Oaks	State CA	
Purpose of Disbursement Field Strategy Consultant	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 422.99 Transaction ID : EXPB96
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 142.97 Transaction ID : EXPB97
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 237.65 Transaction ID : EXPB126
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	405.21
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 30.59	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB127	
Purpose of Disbursement Credit card processing fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 302.47	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB128	
Purpose of Disbursement Credit card processing fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 2.07	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB136	
Purpose of Disbursement Credit card processing fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	335.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Probolsky Research		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3990 Westerly Pl., #185		Amount of Each Disbursement this Period 14400.00 Transaction ID : EXPB64
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Poll/Survey	Category/ Type 005
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jeremy Stern		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 4846 Ben Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB116
City Valley Village	State CA	
Zip Code 91607	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Monaco Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1011 S. Linwood Ave.		Amount of Each Disbursement this Period 3982.63 Transaction ID : EXPB133
City Santa Ana	State CA	
Zip Code 92705	Purpose of Disbursement Postage	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	18882.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Anthony Trejo		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 16731 Addison St.		Amount of Each Disbursement this Period 2500.00
City Encino State CA Zip Code 91436	Purpose of Disbursement Campaign Management Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : EXPB60

Full Name (Last, First, Middle Initial) B. Tim Wayne		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 32 Belvedere St.		Amount of Each Disbursement this Period 1650.00
City San Francisco State CA Zip Code 94117	Purpose of Disbursement Website Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : EXPB68

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For:	State: District: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4150.00
TOTAL This Period (last page this line number only).....	65197.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pablo Kleinman for Congress

Full Name (Last, First, Middle Initial) A. Pablo Kleinman		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3906 Murietta Ave.		Amount of Each Disbursement this Period 30000.00
City Sherman Oaks	State CA Zip Code 91423	
Purpose of Disbursement	Category/Type	Transaction ID : PAYB94
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30000.00
TOTAL This Period (last page this line number only).....	30000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pablo Kleinman for Congress** Transaction ID : **PAYC56**

LOAN SOURCE Full Name (Last, First, Middle Initial) Pablo Kleinman	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3906 Murietta Ave.	

City	State	ZIP Code
Sherman Oaks	CA	91423

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	30000.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	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: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	40000.00
TOTALS This Period (last page in this line only).....	40000.00

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-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC56

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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Crummitt & Associates

Mailing Address 525 E. Seaside Way, #101-C

City State Zip Code
Long Beach CA 90802

Nature of Debt (Purpose):
Treasurer Services

Outstanding Balance Beginning This Period **Transaction ID : PAYD89**
2050.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 2050.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Crummitt & Associates

Mailing Address 525 E. Seaside Way, #101-C

City State Zip Code
Long Beach CA 90802

Nature of Debt (Purpose):
Treasurer Services

Outstanding Balance Beginning This Period **Transaction ID : PAYD90**
2050.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 2050.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CTM Consulting

Mailing Address 7119 W. Sunset Blvd., #444

City State Zip Code
Los Angeles CA 90046

Nature of Debt (Purpose):
Expense Reimbursement

Outstanding Balance Beginning This Period **Transaction ID : PAYD141**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
791.93 0.00 791.93

1) SUBTOTALS This Period This Page (optional)	791.93
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate 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 26 OF 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Darby Levin		Nature of Debt (Purpose): Field Strategy Consultant
Mailing Address 13260 Moorpark, #1		
City State	Zip Code	
Sherman Oaks CA	91423	

Outstanding Balance Beginning This Period	Transaction ID : PAYD158	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4400.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Probolsky Research		Nature of Debt (Purpose): Poll/Survey
Mailing Address 3990 Westerly Pl., #185		
City State	Zip Code	
Newport Beach CA	92660	

Outstanding Balance Beginning This Period	Transaction ID : PAYD63	
<input type="text" value="14400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="14400.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group		Nature of Debt (Purpose): Mailer
Mailing Address 1011 S. Linwood Ave.		
City State	Zip Code	
Santa Ana CA	92705	

Outstanding Balance Beginning This Period	Transaction ID : PAYD140	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3457.84"/>	<input type="text" value="0.00"/>	<input type="text" value="3457.84"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7857.84"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Pablo Kleinman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Anthony Trejo

Mailing Address 16731 Addison St.

City State Zip Code
Encino CA 91436

Nature of Debt (Purpose):
Campaign Management

Outstanding Balance Beginning This Period **2500.00** Transaction ID : **PAYD59**

Amount Incurred This Period **0.00** Payment This Period **2500.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tim Wayne

Mailing Address 32 Belvedere St.

City State Zip Code
San Francisco CA 94117

Nature of Debt (Purpose):
Website Maintenance

Outstanding Balance Beginning This Period **1650.00** Transaction ID : **PAYD67**

Amount Incurred This Period **0.00** Payment This Period **1650.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	0.00
2) TOTALS This Period (last page this line number only)	8649.77
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	40000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	48649.77