

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

X

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

05 / 22 / 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))....	27899.00	72393.00
(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)).....	27899.00	72393.00
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).....	16816.61	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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.....	1099.00	2343.00
(iii) TOTAL of contributions from individuals ▶	26899.00	69393.00
(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))..	27899.00	72393.00
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	27914.00	142408.00

**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. <b>TOTAL DISBURSEMENTS</b> (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).....	27914.00
25. SUBTOTAL (add Line 23 and Line 24).....	112026.24
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).....	16816.61

**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 5 OF 26
	<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)  
**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: 5200.00

Date of Receipt: 04 / 05 / 2014

**Transaction ID : INCA72**

Amount of Each Receipt this Period: 2600.00

**B.** 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: 5200.00

Date of Receipt: 04 / 05 / 2014

**Transaction ID : INCA73**

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: 250.00

Date of Receipt: 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: PAGE 6 OF 26  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**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 Occupation  
Stanford University 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

**B.** 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 Occupation  
Absolute Configuration Inc. Writer

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 : INCA87**

Amount of Each Receipt this Period  
 500.00

**C.** 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 Occupation  
Cognex Corporation 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

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

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

5700.00

**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 26
	<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)  
**Barry Wolfe**

Mailing Address 22578 Falmingo St.

City	State	Zip Code
Woodland Hills	CA	91364

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

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

**B.** 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  
 04 / 14 / 2014

**Transaction ID : INCA100**

Amount of Each Receipt this Period

250.00

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

Mailing Address 3437 Halderman St.

City	State	Zip Code
Los Angeles	CA	90066

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

Name of Employer	Occupation
SGN	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).....

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 8 OF 26
	<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)  
**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)  
**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

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

Mailing Address 7929 Breen Ave.

City Los Angeles State CA Zip Code 90045

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 / 21 / 2014

**Transaction ID : INCA110**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00



**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Lawrence Field**

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  
NSB Associates 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 / 24 / 2014

**Transaction ID : INCA112**

Amount of Each Receipt this Period  
 2600.00

**B.** 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

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

**C.** 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  
 04 / 27 / 2014

**Transaction ID : INCA120**

Amount of Each Receipt this Period  
 2600.00

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

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

7800.00

**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**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  
1000.00

Date of Receipt  
M M / D D / 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)  
**Keith Boesky**

Mailing Address 520 Beirut Ave.

City State Zip Code  
Pacific Palisades CA 90272

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

Name of Employer Occupation  
Boesky & Company 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 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

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

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

1750.00

25800.00

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

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

FOR LINE NUMBER: PAGE 11 OF 26  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**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 12 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		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 4692.59
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Transaction ID : EXPB96
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:		

Full Name (Last, First, Middle Initial) <b>B. Anthony Trejo</b>		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	Transaction ID : EXPB60
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:		

Full Name (Last, First, Middle Initial) <b>C. Crummitt &amp; Associates</b>		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
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement Treasurer Services	Transaction ID : EXPB91
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4692.59
<b>TOTAL</b> 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 13 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. CTM Consulting</b>			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	
City Los Angeles	State CA	Zip Code 90046	Transaction ID : EXPB70	
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) <b>B. Mara Kochba</b>			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	
City Beverly Hills	State CA	Zip Code 90210	Transaction ID : EXPB66	
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) <b>c. Probolsky Research</b>			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	
City Newport Beach	State CA	Zip Code 92660	Transaction ID : EXPB64	
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20900.00
<b>TOTAL</b> 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 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Tim Wayne</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 32 Belvedere St.		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : EXPB68</b>
City San Francisco	State CA	
Zip Code 94117	Purpose of Disbursement Website Maintenance	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>B. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 24.97 <b>Transaction ID : EXPB97</b>
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>c. Budget Watchdogs Newsletter #1345115</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2014
Mailing Address 1954 W. Carson St., #B		Amount of Each Disbursement this Period 4924.00 <b>Transaction ID : EXPB103</b>
City Carson	State CA	
Zip Code 90501	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6598.97
<b>TOTAL</b> 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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. California Voter Guide #595004</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address 1954 W. Carson St., #B		Amount of Each Disbursement this Period <b>2431.00</b>
City Torrance State CA Zip Code 90501	Purpose of Disbursement Slate Mailer Candidate Name Category/Type <b>004</b>	
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:	<b>Transaction ID : EXPB104</b>

Full Name (Last, First, Middle Initial) <b>B. Citizens for Good Government</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address 728 W. Edna Pl.		Amount of Each Disbursement this Period <b>2941.70</b>
City Covina State CA Zip Code 91722	Purpose of Disbursement Slate Mailer Candidate Name Category/Type <b>004</b>	
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:	<b>Transaction ID : EXPB102</b>

Full Name (Last, First, Middle Initial) <b>C. Continuing the Republican Revolution #598041</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address 1300 Bristol St. North, #100		Amount of Each Disbursement this Period <b>800.00</b>
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement Slate Mailer Candidate Name Category/Type <b>004</b>	
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:	<b>Transaction ID : EXPB101</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6172.70</b>
<b>TOTAL</b> 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 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. CTM Consulting</b>		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
City Los Angeles	State CA	Zip Code 90046
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name	Transaction ID : EXPB105	
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>B. NationBuilder</b>		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
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Credit card processing fee	Category/Type 001	
Candidate Name	Transaction ID : EXPB126	
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>C. Citi Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address Processing Center		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA	Zip Code 50363-0005
Purpose of Disbursement Credit Card Payment	Category/Type 001	
Candidate Name	Transaction ID : EXPB118	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3715.61
<b>TOTAL</b> 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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Gelb Group</b>		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 <b>Transaction ID : EXPB117</b>
City Encino State CA Zip Code 91316	Purpose of Disbursement Office Rent 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:	

Full Name (Last, First, Middle Initial) <b>B. Maureen Johnson</b>		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 <b>Transaction ID : EXPB115</b>
City Playa Del Rey State CA Zip Code 90293	Purpose of Disbursement Volunteer Recruitment Consultant 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:	

Full Name (Last, First, Middle Initial) <b>c. NationBuilder</b>		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 <b>Transaction ID : EXPB127</b>
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Credit card processing fee 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4630.59
<b>TOTAL</b> 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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Jeremy Stern</b>		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 <b>Transaction ID : EXPB116</b>
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) <b>B. Darby Levin</b>		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 <b>Transaction ID : EXPB114</b>
City Sherman Oaks	State CA	
Zip Code 91423	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:	

Full Name (Last, First, Middle Initial) <b>c. CTM Consulting</b>		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 <b>Transaction ID : EXPB122</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10100.00
<b>TOTAL</b> 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 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Crummitt &amp; Associates</b>			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		
City Long Beach	State CA	Zip Code 90802	Transaction ID : EXPB124		
Purpose of Disbursement Treasurer Services		001 Category/ Type			
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>B. NationBuilder</b>			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		001 Category/ Type			
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>c. The Monaco Group</b>			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		
City Santa Ana	State CA	Zip Code 92705	Transaction ID : EXPB133		
Purpose of Disbursement Postage		006 Category/ Type			
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6335.10
<b>TOTAL</b> 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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>			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:				

Full Name (Last, First, Middle Initial) <b>B. Crummitt &amp; Associates</b>			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	
City Long Beach	State CA	Zip Code 90802	Transaction ID : EXPB137	
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:				

Full Name (Last, First, Middle Initial) <b>C.</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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2052.07
<b>TOTAL</b> 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 21 OF 26	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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**

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

Full Name (Last, First, Middle Initial) <b>B.</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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC56

Pablo Kleinman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Pablo Kleinman

Election: 2014

Primary  
 General  
 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: M 03 / D 31 / Y 2014  
 Date Due: M M / D D / Y . None Y  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<b>TOTALS</b> 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)	PAGE 24 OF 26
	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 <b>Crummitt &amp; Associates</b>	Nature of Debt (Purpose): Treasurer Services
Mailing Address 525 E. Seaside Way, #101-C	
City State Zip Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 2050.00	<b>Transaction ID : PAYD89</b>	
Amount Incurred This Period 0.00	Payment This Period 2050.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Crummitt &amp; Associates</b>	Nature of Debt (Purpose): Treasurer Services
Mailing Address 525 E. Seaside Way, #101-C	
City State Zip Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 2050.00	<b>Transaction ID : PAYD90</b>	
Amount Incurred This Period 0.00	Payment This Period 2050.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CTM Consulting</b>	Nature of Debt (Purpose): Expense Reimbursement
Mailing Address 7119 W. Sunset Blvd., #444	
City State Zip Code Los Angeles CA 90046	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD141</b>	
Amount Incurred This Period 791.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 791.93

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	791.93
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 26
	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 <b>Darby Levin</b>		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 : <b>PAYD158</b>	
<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 <b>Probolsky Research</b>		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 : <b>PAYD63</b>	
<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 <b>The Monaco Group</b>		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 : <b>PAYD140</b>	
<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) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7857.84"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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