

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Pablo Kleinman for Congress

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

	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))....	6323.00	78915.00
(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)).....	6323.00	78915.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19879.34	115470.73
(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)).....	19879.34	115470.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21592.99	
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).....	69533.72	

For further information contact:

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

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

DETAILED SUMMARY PAGE
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).....	5250.00	72300.00
(ii) Unitemized.....	1073.00	3615.00
(iii) TOTAL of contributions from individuals ▶	6323.00	75915.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6323.00	78915.00
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.....	18133.72	88133.72
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	18133.72	88133.72
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	15.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	24456.72	167063.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19879.34	115470.73
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	0.00	30000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	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) ►	19879.34	145470.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17015.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24456.72
25. SUBTOTAL (add Line 23 and Line 24).....	41472.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19879.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21592.99

**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 21
	<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)
Faquiry Diaz

Mailing Address 1395 Brickell Ave., #800

City Miami State FL Zip Code 33131

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

Name of Employer Tres Mares Group Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : INCA173

Amount of Each Receipt this Period
 1000.00

1000.00

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

Mailing Address 2200 S Canfield Avenue

City Los Angeles State CA Zip Code 90034

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

Name of Employer SnF Management Occupation Director of Strategic Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : INCA181

Amount of Each Receipt this Period
 250.00

250.00

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

Mailing Address 19901 Northridge Road

City Chatsworth State CA Zip Code 91311

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

Name of Employer Nikolaus Heidegger Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : INCA171

Amount of Each Receipt this Period
 500.00

500.00

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 6 OF 21
	<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)
Joshua Levy

Mailing Address 5128 Bluebell Ave.

City Valley Village	State CA	Zip Code 91607
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FEC ID number of contributing federal political committee. **C**

Name of Employer Joshua Levy	Occupation Physician
---------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : INCA187

Amount of Each Receipt this Period
250.00

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

Mailing Address 2512 Wilshire Blvd.

City Santa Monica	State CA	Zip Code 90403
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FEC ID number of contributing federal political committee. **C**

Name of Employer Abacus Insurance	Occupation Insurance Broker
--------------------------------------	--------------------------------

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 / 19 / 2014

Transaction ID : INCA153

Amount of Each Receipt this Period
250.00

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

Mailing Address 324 N Highland Avenue

City Los Angeles	State CA	Zip Code 90036
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FEC ID number of contributing federal political committee. **C**

Name of Employer SNP Pharmacy	Occupation CEO
----------------------------------	-------------------

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 / 29 / 2014

Transaction ID : INCA172

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 21
	<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)
Lee Samson

Mailing Address 9200 Sunset Blvd. 7th Fl.

City West Hollywood State CA Zip Code 90069

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

Name of Employer SNF Management Co., LLC Occupation Property Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : INCA150

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Aaron G. Weisman

Mailing Address 12403 Killion St.

City Valley Village State CA Zip Code 91607

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

Name of Employer Aaron G. Weisman Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : INCA155

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Aaron G. Weisman

Mailing Address 12403 Killion St.

City Valley Village State CA Zip Code 91607

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

Name of Employer Aaron G. Weisman Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : INCA193

Amount of Each Receipt this Period
 -1000.00

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

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

1000.00

**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 21
	<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)
Aaron G. Weisman

Mailing Address 12403 Killion St.

City Valley Village State CA Zip Code 91607

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

Name of Employer Aaron G. Weisman Occupation Real Estate 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
 06 / 03 / 2014

Transaction ID : INCA183

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

5250.00

**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 21
	<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)
Pablo Kleinman

Mailing Address 3906 Murietta Ave.

City Sherman Oaks State CA Zip Code 91423

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

Name of Employer Urbita, Inc. Occupation Technology Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **90733.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : PAYA178

Amount of Each Receipt this Period
18133.72

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).....

18133.72

18133.72

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

Form/Schedule: SA13B

Transaction ID : PAYA178

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**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 11 OF 21	
	<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. Citi Cards		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address Processing Center		Amount of Each Disbursement this Period 454.42
City Des Moines	State IA	
Zip Code 50363-0005	Purpose of Disbursement Credit Card payment	Transaction ID : EXPB180
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. Crummitt & Associates		Date of Disbursement MM / DD / YYYY 06 / 28 / 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 : EXPB198
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) C. CTM Consulting		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 7119 W. Sunset Blvd., #444		Amount of Each Disbursement this Period 791.93
City Los Angeles	State CA	
Zip Code 90046	Purpose of Disbursement Expense Reimbursement	Transaction ID : EXPB144
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:		

SUBTOTAL of Disbursements This Page (optional).....	3296.35
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 12 OF 21			
	<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. Gelb Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 17547 Ventura Blvd., #201		Amount of Each Disbursement this Period 800.00 Transaction ID : EXPB179
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. Mara Kochba		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 9301 Wilshire Blvd., #613		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB135
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Fundraising/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) c. Darby Levin		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 13260 Moorpark, #1		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB184
City Sherman Oaks State CA Zip Code 91423	Purpose of Disbursement Field Strategy 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:	

SUBTOTAL of Disbursements This Page (optional).....	5300.00
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 13 OF 21			
	<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. Darby Levin		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 13260 Moorpark, #1		Amount of Each Disbursement this Period 2000.00 Transaction ID : EXPB196
City Sherman Oaks	State CA Zip Code 91423	
Purpose of Disbursement Field Strategy Consultant	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 37.31 Transaction ID : EXPB152
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		
State: District:		

Full Name (Last, First, Middle Initial) c. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 70.45 Transaction ID : EXPB159
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		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2107.76
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 21			
	<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 05 / 29 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 10.70	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB167	
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		
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 65.12	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB186	
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		
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 47.27	
City Los Angeles	State CA	Zip Code 90013	Transaction ID : EXPB188	
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		
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	123.09
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 21	
	<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. Jeremy Stern		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4846 Ben Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB164
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. The Monaco Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1011 S. Linwood Ave.		Amount of Each Disbursement this Period 3457.84 Transaction ID : EXPB142
City Santa Ana	State CA	
Zip Code 92705	Purpose of Disbursement Mailer	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:	

Full Name (Last, First, Middle Initial) c. The Monaco Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1011 S. Linwood Ave.		Amount of Each Disbursement this Period 5070.30 Transaction ID : EXPB168
City Santa Ana	State CA	
Zip Code 92705	Purpose of Disbursement Mailer	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).....	9028.14
TOTAL This Period (last page this line number only).....	19855.34

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

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

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 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 : PAYC178

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
18133.72 0.00 18133.72

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 30 / Y 2014 M M / D D / Y 12/31/2015 0.00 % (apr) 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:

SUBTOTALS This Period This Page (optional)..... ▶ 18133.72
TOTALS This Period (last page in this line only)..... ▶ 58133.72

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Form/Schedule: SC/10

Transaction ID : PAYC178

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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
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**
791.93

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

B. 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):
Fundraising/Consultant

Outstanding Balance Beginning This Period **Transaction ID : PAYD200**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
6000.00 0.00 6000.00

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

Mailing Address 8828 Pershing Dr., #108

City State Zip Code
Playa Del Rey CA 90293

Nature of Debt (Purpose):
Volunteer Recruitment Consultant

Outstanding Balance Beginning This Period **Transaction ID : PAYD201**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
3000.00 0.00 3000.00

1) SUBTOTALS This Period This Page (optional)	9000.00
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)

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
Mara Kochba

Mailing Address 9301 Wilshire Blvd., #613

City State Zip Code
Beverly Hills CA 90210

Nature of Debt (Purpose):
Fundraising/Consultant

Outstanding Balance Beginning This Period **Transaction ID : PAYD199**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Darby Levin

Mailing Address 13260 Moorpark, #1

City State Zip Code
Sherman Oaks CA 91423

Nature of Debt (Purpose):
Field Strategy Consultant

Outstanding Balance Beginning This Period **Transaction ID : PAYD158**

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

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

Mailing Address 1011 S. Linwood Ave.

City State Zip Code
Santa Ana CA 92705

Nature of Debt (Purpose):
Mailer

Outstanding Balance Beginning This Period **Transaction ID : PAYD140**

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2400.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="11400.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="58133.72"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="69533.72"/>