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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auth	orized Com	mittee	O	ffice Use Only
1. NAME OF TY COMMITTEE (in full)	YPE OR PRINT ▼		ample: If typing, typer	12FE4M5	
Pablo Kleinman for Con	gress			1 1 1 1 1 1 1 1	
<u> </u>					
ADDRESS (number and street)	525 E. Seaside Wa	y, #101-C			
Check if different than previously	Long Doodh				0802
reported. (ACC)	Long Beach			L CA 90	/OUZ
2. FEC IDENTIFICATION NUM	MBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00554360	_	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose	so Opo)				
(a) Quarterly Reports:	(b)	12-Day PRE	-Election Report for	the:	
	. (2.1)		Primary (12P)	General (120	Runoff (12R)
April 15 Quarterly Rep	port (Q1)		Convention (12C)	Special (12S)
July 15 Quarterly Rep	oort (Q2)				
Cotober 15 Quarterly	Report (Q3)	Election on	M M / D	D / Y Y Y Y	in the State of
January 31 Year-End	Report (YE) (c)	30-Day POS	T-Election Report fo	r the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Report (TI	ER)	Election on	M M / D	D / Y Y Y Y	in the State of
5. Covering Period 07	/ 01 / Y	^y 2023	through	M M / D D / N	2023
I certify that I have examined this	•	-	nowledge and belief	it is true, correct and c	omplete.
Type or Print Name of Treasurer	Crummitt, Gary, ,	,			
Signature of Treasurer	nitt, Gary, , ,			Date 10	12 / 12 / 2023
NOTE: Submission of false, erroneou	us, or incomplete in	formation may	subject the person sig	ning this Report to the	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
Pablo Kleinman for Congress

Report Covering the Period:	From:	M 07	/ D D D 01	/ Y Y Y Y Y 2023	To:	M ₀₉ M / D	30 Y Ž023	Y

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	0.00
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	66030.72	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Pablo Kleinman for Congress

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. C	CONTRIBUTIONS (other than loans) FROM:		
(8	•		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
(k	,	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
(c (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	RANSFERS FROM OTHER	0.00	0.00
<i></i>	UTHORIZED COMMITTEES	0.00	, , ,
	OANS: a) Made or Guaranteed by the		
(-	Candidate	0.00	0.00
(k	o) All Other Loans	0.00	0.00
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4. C	OFFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
- 1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	0.00
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	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	0.00

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF 10

FOR LINE NUMBER: (check only one) 13a

PANS				Detailed S	Summary Page	e (oncorr only of	13b
AME OF COMMITTEE (In Full)					Transacti	ion ID : PC56	
ablo Kleinman for Congres	s						
LOAN SOURCE Full Name (La	st, First, Mi	ddle Initial)			Memo Item	Election: 2014	
Kleinman, Pablo, , ,						Yerimary General	
Mailing Address 3906 Murietta Ave.						Other (specify)	▼
City		State	ZIP Code	!			
Sherman Oaks		CA	91423			Personal Fund	ds of the Candidate
Original Amount of Loan		Cumulative P	Payment To D	ate	Balan	nce Outstanding at C	Close of This Period
70	00.000		, ,	30000.00		2 2	40000.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter (0)	Secured:
M M / D D / Y Y 20	14 Y	M M / D	D / Y Y	None	0.0	-	Yes X No
List All Endorsers or Guarante	ors (if any)	to Loan Source	е				
1. Full Name (Last, First, Midd	le Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	
2. Full Name (Last, First, Middl	e Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
				Amount Guaranteed			
City	State	ZIP Code		Outstanding:		, ,	
3. Full Name (Last, First, Middl	e Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		, ,	
4. Full Name (Last, First, Middl	e Initial)		1	Name of Em	ployer		
Mailing Address			(Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Dutstanding:		7	
UBTOTALS This Period This Pag	ge (optional)						40000.00
OTALS This Period (last page in	this line on	y)			,	7 7	
Carry outstanding balance only to	LINE 2 C-	hadula D. far 4	his line If	Sobodulo	D. corre form	ard to appropriate	line of Summer:
varry outstanding Dalance only to	, LINE J, SC	neuule D, IOF T	ms me. n no	ocneaule l	ט, carry iorwa	aru to appropriate	mie di Suffiffiary.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: PC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

10

LOANS	Detailed Summary Page X 13b							
NAME OF COMMITTEE (In Full)			Trar	insaction ID : PC178				
Pablo Kleinman for Congress								
LOAN SOURCE Full Name (Last, First, Middle Initial)								
Kleinman, Pablo, , ,	Primary General							
Mailing Address 3906 Murietta Ave.				Other (specify) ▼				
City	State	ZIP Code						
Sherman Oaks	CA	91423		Personal Funds of the Candid				
Original Amount of Loan	Cumulative Pay	ment To Da	ate	Balance Outstanding at Close of This Pe				
18133.72	7	,	0.00	18133.72				
TERMS Date Incurred	D	ate Due	Interest (If none, e					
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/3	1/2015 Y	0.00 % (apr) Yes				
List All Endorsers or Guarantors (if any) to	o Loan Source							
1. Full Name (Last, First, Middle Initial)		N	lame of Employer					
Mailing Address	Mailing Address							
			Amount					
City	ZIP Code		Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	·	١	Name of Employer					
Mailing Address		C	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		C	Occupation					
			Amount					
City State	ZIP Code		Guaranteed Outstanding:	9 9				
4. Full Name (Last, First, Middle Initial)		١	lame of Employer					
Mailing Address		C	Occupation					
		A	Amount					
City State	ZIP Code		Guaranteed Outstanding:	7 7 7				
CURTOTAL C This Post A TV D		•						
SUBTOTALS This Period This Page (optional)				18133.72				
TOTALS This Period (last page in this line only	y)		······	58133.72				
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	line. If no	Schedule D. carry	forward to appropriate line of Summar				

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SC/10 Transaction ID: PC178

LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID:

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

Excluding Loans

N

(Use separate	
schedule(s)	FOR LIN
for each	(check c
numbered line)	

9 OF PAGE NE NUMBER: only one)

	9
X	10

10

AME OF COMMITTEE (In Full) Pablo Kleinman for C	ongress		
A. Full Name (Last, First, Middle Initial) of			Nature of Debt (Purpose):
CTM Consulting	Fundraising/Consultant		
Mailing Address 7119 W. Sunset Blvd., #	444		
City	State	Zip Code	
Los Angeles	CA	90046	
Outstanding Balance Beginning This Pe	eriod		Transaction ID: PD200
4049.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	4049.00
7		9 9	, , ,
B. Full Name (Last, First, Middle Initial) o	f Debtor or Cred	itor	Nature of Debt (Purpose):
Johnson, Maureen, , ,			Volunteer Recruitment Consultant
A 20			_
Mailing Address 8828 Pershing Dr., #108	•		
City	State	Zip Code	
Playa Del Rey	CA	90293	
Outstanding Balance Beginning This Pe	eriod		Transaction ID : PD201
2220.00			
7 7 7			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2220.00
C. Full Name (Last, First, Middle Initial)	of Debtor or Cre	ditor	Nature of Debt (Purpose):
Kochba, Mara, , ,			Fundraising/Consultant
Ada: Company and a later of the company of the comp	12		_
Mailing Address 9301 Wilshire Blvd., #61	3		
City	State	Zip Code	
Beverly Hills	CA	90210	
Outstanding Balance Beginning This Pe	eriod		Transaction ID : PD199
669.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
			
0.00		0.00	669.00
) SUBTOTALS This Period This Page (opt	6938.00		
			7 7
TOTALS This Period (last page this line	number only) ·····		·
B) TOTAL OUTSTANDING LOANS from So	chedule C (last p	age only)·····	
 ADD 2) and 3) and carry forward to app 	nophate line of t	bullillaly I age (last page Ully)	·

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

Excluding Loans

AME OF COMMITTEE (In Full) Pablo Kleinman for Coi	ngress	3	
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose): Field Strategy Consultant		
Mailing Address 13260 Moorpark, #1			
City Sherman Oaks	State CA	Zip Code 91423	
Outstanding Balance Beginning This Period 959.00	d		Transaction ID : PD158
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	959.00
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cr	editor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional	al)		959.00
2) TOTALS This Period (last page this line num	nber only) ···		7897.00
3) TOTAL OUTSTANDING LOANS from Sched	58133.72		

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

66030.72

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

10 OF

10

9

X 10