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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 | For An A | authorized Com | mittee | Offic | e Use Only |
|-----------------------------------|--|-----------------------|--------------------------------------|----------------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRIN | • | ample: If typing, type er the lines. | 12FE4M5 | |
| Pablo Kleinman fo | r Congress | | | | 1 |
| | | | | | |
| | | | | | |
| DDRESS (number and stre | eet) 525 E. Seaside | e Way, #101-C | | | |
| ▼ Check if different | | | | | |
| than previously reported. (ACC) | Long Beach | | | CA 9080 | 02 |
| . FEC IDENTIFICATION | ON NUMBER ▼ | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| C C00554360 | | 3. IS THIS REPORT | NEW (N) OR | AMENDED (A) | STATE ▼ DISTRICT |
| | | TIEI OITI | (14) | V V | |
| . TYPE OF REPOR | | (b) 12-Day PRE | -Election Report for the | ne: | |
| (a) Quarterly Reports | S: | | Primary (12P) | General (12G) | Runoff (12R) |
| X April 15 Qua | rterly Report (Q1) | | | | |
| July 15 Quar | terly Report (Q2) | ш | Convention (12C) | Special (12S) | |
| October 15 0 | Quarterly Report (Q3) | Election on | M M / D D | / Y Y Y Y | in the State of |
| January 31 Y | 'ear-End Report (YE) | (c) 30-Day POS | T-Election Report for | the: | |
| | | | General (30G) | Runoff (30R) | Special (30S) |
| Termination F | Report (TER) | Election on | M M M / D D | / Y Y Y Y | in the State of |
| . Covering Period | M M / D D / | Y Y Y Y Y Y 2018 | through | 03 / D D / Y | Y Y Y 2018 |
| certify that I have examin | ned this Report and to Crummitt, Ga | | owledge and belief it | is true, correct and cor | nplete. |
| ype or Print Name of Tre | easurer | ,,,,, | | | |
| Signature of Treasurer | Crummitt, Gary, , , | | [Electronically Filed] | Date 04 | 14 / Y Y Y Y Y Y Y 2018 |
| IOTE: Submission of false, | erroneous, or incomple | ete information may | subject the person sign | ning this Report to the pe | enalties of 52 U.S.C. §3010 |
| Office | | | | | |
| Use Only | | | | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Pablo Kleinman for Congress

| R | eport | t Covering the Period: From: | 01 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | : MO3 / D D / Y 2018 Y |
|-----|-------|---|---|------------------------------------|
| | | | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
| 6. | Net | Contributions (other than loans) | | |
| | (a) | Total Contributions (other than loans) (from Line 11(e)) | 0.00 | 0.00 |
| | (b) | Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| | (c) | Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 0.00 | 0.00 |
| 7. | Net | Operating Expenditures | | |
| | (a) | Total Operating Expenditures (from Line 17) | 0.00 | 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 |
| 8. | | sh on Hand at Close of porting Period (from Line 27) | 7.00 | |
| 9. | the | ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D) | 0.00 | |
| 10. | the | ots and Obligations Owed BY Committee (Itemize all on needule C and/or Schedule D) | 66030.72 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

| | 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 | 0.00 | 0.00 | | |
| | (i) Itemized (use Schedule A) | 0.00 | 0.00 | | |
| | (ii) Unitemized | 0.00 | 0.00 | | |
| | (iii) TOTAL of contributions | | 7 7 | | |
| | from individuals | 0.00 | 0.00 | | |
| | | 0.00 | 0.00 | | |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | | |
| | (such as PACs) | 0.00 | 0.00 | | |
| | (2001.00) | | | | |
| | (d) The Candidate | 0.00 | 0.00 | | |
| | (e) TOTAL CONTRIBUTIONS | | | | |
| | (other than loans) | 0.00 | 0.00 | | |
| | (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 | | |
| 2. | TRANSFERS FROM OTHER | | | | |
| | AUTHORIZED COMMITTEES | 0.00 | 0.00 | | |
| 3 | LOANS: | | | | |
| | (a) Made or Guaranteed by the | | | | |
| | Candidate | 0.00 | 0.00 | | |
| | | | | | |
| | (b) All Other Loans | 0.00 | 0.00 | | |
| | (c) TOTAL LOANS | 0.00 | 0.00 | | |
| | (add Lines 13(a) and (b)) | 0.00 | 0.00 | | |
| 4. | OFFSETS TO OPERATING | | | | |
| | EXPENDITURES | 0.00 | 0.00 | | |
| | (Refunds, Rebates, etc.) | 0.00 | 0.00 | | |
| 5. | OTHER RECEIPTS | | | | |
| | (Dividends, Interest, etc.) | 0.00 | 0.00 | | |
| 6. | TOTAL RECEIPTS (add Lines | | , , , | | |
| | 11(e), 12, 13(c), 14, and 15) | 0.00 | 0.00 | | |
| | (Carry Total to Line 24, page 4) | 0.00 | 0.00 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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| | 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 |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 |
| 20. | REFUNDS OF CONTRIBUTIONS TO: | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | | | |
| | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 0.00 |
| 21. | OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 0.00 | 0.00 |
| | III. CASH SU | JMMARY | |
| 23. | CASH ON HAND AT BEGINNING OF REPOR | RTING PERIOD | 7.00 |
| 4 | TOTAL RECEIPTS THIS PERIOD (from Line 1 | 16, page 3) | 0.00 |
| 5. | SUBTOTAL (add Line 23 and Line 24) | | 7.00 |
| 6. | TOTAL DISBURSEMENTS THIS PERIOD (from | m Line 22) | 0.00 |
| 27. | CASH ON HAND AT CLOSE OF REPORTING | G PERIOD | 7.00 |

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

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

PAGE 5 FOR LINE NUMBER: (check only one)

13a

10

| | | | | ,9- | x 13b |
|---|---------------|------------|----------------------------|------------------|---|
| NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress | | | Tra | nsaction I | D: PAYC56 |
| <u> </u> | 1 '1' 1\ | | | Ι | |
| LOAN SOURCE Full Name (Last, First, Middle | Initial) | | ☐ Memo | Item Elec | ction: 2014 Primary |
| Kleinman, Pablo, , , | | | | | General |
| Mailing Address 3906 Murietta Ave. | | | | | Other (specify) ▼ |
| City | te | ZIP Code |) | | Personal Funds of the Candidate |
| Sherman Oaks C | A | 91423 | | | Personal Funds of the Candidate |
| Original Amount of Loan Cu | ımulative Pay | ment To D | ate | Balance (| Outstanding at Close of This Period |
| 70000.00 | , | | 30000.00 | | 40000.00 |
| TERMS Date Incurred | Da | ate Due | Interest (If none, | Rate enter 0) | Secured: |
| M03 ^M / D31 D / Y Ž014 Y | / D D | / Y Y | None Y | 0.00 | % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Lo | an Source | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | | |
| City State Z | IP Code | | Guaranteed Outstanding: | 7 | |
| 2. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | | Amount | | |
| City State Z | IP Code | | Guaranteed Outstanding: | 7 | , , |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | / | Amount | | |
| City State Z | IP Code | I | Guaranteed Outstanding: | 7 | 7 |
| 4. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | | |
| City State Z | IP Code | | Guaranteed Outstanding: | 7 | 7 |
| SUBTOTALS This Period This Page (optional) | | | ····· | | 40000.00 |
| TOTALS This Period (last page in this line only) | | | | | , |
| Carry outstanding balance only to LINE 3. Schedul | lo D for this | line If == | Sobodulo D. co | formeral | to appropriate line of Summer |

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: PAYC56

Loan From Personal Funds

Form/Schedule: Transaction ID:

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

Use separate schedule(s) for each category of the

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

10

| | | | Detailed Summary Pa | lge x 13b | |
|---|--------------------|---------------------|--|--|--|
| NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress | | | Transa | ction ID : PAYC178 | |
| , | | | | T =: | |
| LOAN SOURCE Full Name (Last, First, Mic | idle Initial) | | | | |
| Kleinman, Pablo, , , | | | | x Primary | |
| Mailing Address | | | | General | |
| Mailing Address 3906 Murietta Ave. | | | | Other (specify) | |
| City | State CA | ZIP Code | ; | Personal Funds of the Candidate | |
| Sherman Oaks | CA | 91423 | | | |
| Original Amount of Loan | Cumulative Pay | yment To D | ate Bal | ance Outstanding at Close of This Period | |
| 18133.72 | | 9 | 0.00 | 18133.72 | |
| TERMS Date Incurred | D | ate Due | Interest Rat (If none, ente | er 0) | |
| M05M / D30D / Y 2014 Y | M M / D D | / ^Y 12/3 | 61/2Ŏ15 ^Y | % (apr) Yes No | |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | 1 | Amount | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 7 | |
| 2. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | A | Amount | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 9 9 9 9 9 | |
| 3. Full Name (Last, First, Middle Initial) | <u>'</u> | 1 | Name of Employer | | |
| Mailing Address | | (| Occupation | | |
| | | A | Amount | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 9 | |
| 4. Full Name (Last, First, Middle Initial) | ' | 1 | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | T. | Amount | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 9 9 | |
| | | ' | | | |
| SUBTOTALS This Period This Page (optional) | | | ····· | 18133.72 | |
| TOTALS This Period (last page in this line only | v) | | ······································ | 58133.72 | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry for | ward to appropriate line of Summary. | |

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

Form/Schedule: SC/10 Transaction ID: 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)

PAGE 9 OF FOR (check

| PAGE | 9 | (| DF | 10 |
|------------------------|-----|---|----|---------|
| E NUMB nly one) | ER: | | × | 9 10 |

| NAME OF COMMITTEE (In Full) | |
|-----------------------------|----------|
| Pablo Kleinman for | Congress |

| Г | abio Mellillali loi C | ongres | 55 | | |
|----|---|-------------------|-----------------------------|---|--|
| | A. Full Name (Last, First, Middle Initial) of De | ebtor or Credito | or | Nature of Debt (Purpose): | |
| | CTM Consulting | | | Fundraising/Consultant | |
| | Mailing Address 7119 W. Sunset Blvd., #444 | | | | |
| ŀ | City | State | Zip Code | | |
| | Los Angeles | CA | 90046 | | |
| • | Outstanding Balance Beginning This Period | | | Transaction ID : PAYD200 | |
| | 4049.00 | | | | |
| | Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period | |
| | 0.00 | | 0.00 | 4049.00 | |
| Ī | B. Full Name (Last, First, Middle Initial) of Del | otor or Credito | r | Nature of Debt (Purpose): | |
| | Johnson, Maureen, , , | | | Volunteer Recruitment Consultant | |
| | Mailing Address 8828 Pershing Dr., #108 | | | | |
| Ī | City | State | Zip Code | | |
| | Playa Del Rey | CA | 90293 | | |
| | Outstanding Balance Beginning This Period 2220.00 Amount Incurred This Period | | Payment This Period | Transaction ID : PAYD201 Outstanding Balance at Close of This Period 2220.00 | |
| | 0.00 | | 7 | 2220.00 | |
| | C. Full Name (Last, First, Middle Initial) of De | ebtor or Credito | or | Nature of Debt (Purpose): Fundraising/Consultant | |
| | Kochba, Mara, , , | | | | |
| - | Mailing Address 9301 Wilshire Blvd., #613 | | | _ | |
| f | City | State | Zip Code | | |
| | Beverly Hills | CA | 90210 | | |
| Ī | Outstanding Balance Beginning This Period 669.00 | | | Transaction ID : PAYD199 | |
| | Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period | |
| | 0.00 | | 0.00 | 669.00 | |
| 1) | SUBTOTALS This Period This Page (optional | l) |) | 6938.00 | |
| 2) | TOTALS This Period (last page this line num | ber only) ······· |) | | |
| 3) | TOTAL OUTSTANDING LOANS from Schedu | ule C (last pag | e only)····· | | |
| 4) | ADD 2) and 3) and carry forward to appropr | iate line of Sur | mmary Page (last page only) | 7 | |

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

Excluding Loans

(Use separate schedule(s) for each

PAGE 10 OF FOF (che

| R LINE NUMBER: | | i |
|----------------|---|----|
| eck only one) | | 9 |
| | X | 10 |

numbered line) NAME OF COMMITTEE (In Full) Pablo Kleinman for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Strategy Consultant Levin, Darby, , , Mailing Address 13260 Moorpark, #1 State Zip Code City CA 91423 Sherman Oaks Transaction ID: PAYD158 Outstanding Balance Beginning This Period 959.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 959.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City Zip Code State Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) 959.00 2) TOTALS This Period (last page this line number only) 7897.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----58133.72 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 66030.72