

Federal Election Commission
1050 First Street, NE
Washington, DC 20022

RECEIVED
FEC MAIL CENTER

2022 APR 19 AM 10:44

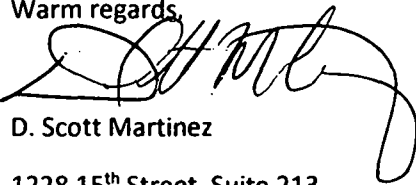
4/15/2022

To Whom it May Concern at the US Federal Election Commission,

Please find two enclosed FEC Form 5 reports for YACHAD PAC, COO798611. The first report is an end-of-year report for 2021. The Committee was open for two days prior to the end of year. The Committee believed that it filed its report prior to the January 15, 2022 deadline; however, the report does not appear on the FEC website. In an abundance of caution, YACHAD PAC is filing an amended filing to ensure full transparency. The total amount raised is \$500 and there are no expenditures.

The second Form 5 is a quarterly report for YACHAD PAC. No money was donated or expended during the previous quarter.

Warm regards,



D. Scott Martinez

1228 15th Street, Suite 213

Denver, CO 80202

720.277.2169

1106150500 140 100 140 100000

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

RECEIVED
FEDERAL CENTER
2022 APR 19 AM 10:44

1. (a) Name of Individual, Organization or Corporation YACHAD PAC	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1324 CLARKSON CLAYTON CENTER SUITE 223	
(c) City, State and ZIP Code ELLISVILLE MO 63011	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C00798611

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

24-Hour Report

October 15 Quarterly Report

48-Hour Report

January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

MM/DD/YYYY

5. COVERING PERIOD:

FROM

01/01/2022

THROUGH

03/31/2022

6. TOTAL CONTRIBUTIONS.....

0

7. TOTAL INDEPENDENT EXPENDITURES.....

6

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

DAVID SCOTT MARTINEZ



4/15/22

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
YACHAD PAC

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

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C _____

Name of Employer _____ Occupation _____

SUBTOTAL of Receipts This Page (optional) 0

TOTAL This Period (last page carry total to Line 6) 0

5 2 4 4 0 4 0 0 3 0 1 3 0 1 4 0 1 0 0 0 0 0 5

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VACHAD PAC

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<input type="text"/>

20130909 10:00:00 AM

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER
2022 APR 19 AM 10:44

1. (a) Name of Individual, Organization or Corporation YACHAD PAC	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1324 CLARKSON CENTER SUITE 223	
(c) City, State and ZIP Code ELLISVILLE MO 63011	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number 00798611

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on **01** / **15** / **2022**

5. COVERING PERIOD: FROM **12** / **29** / **2021**
THROUGH **12** / **31** / **2021**

6. TOTAL CONTRIBUTIONS **50,000**
7. TOTAL INDEPENDENT EXPENDITURES **0**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

DAVID SCOTT MARTINEZ

4/15/2022

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **OF**
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

YACHAD PAC

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> <input type="text"/> <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="text"/>	
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> <input type="text"/> <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="text"/>	
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> <input type="text"/> <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="text"/>	
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> <i>0</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/> <i>0</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<input type="text"/> <i>0</i>

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

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 FILER (In Full)
YACHAS PAC

A. Full Name (Last, First, Middle Initial)
ENGELHARDT, STEVEN

Date of Receipt
12 / 31 / 2021

Mailing Address
16308 SAILOR COVE CT.

City **WILDWOOD** State **MO** Zip Code **63040**

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

Amount of Each Receipt this Period
500.00

Name of Employer **RETIRED** Occupation **RETIRED**

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period


Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional) **500.00**

TOTAL This Period (last page carry total to Line 6) **500.00**

2021-04-20 00:00:00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS Express</i>	Shipping Date <i>4/15/22</i> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>4/19/22</i> DATE PREPARED

1-800-404-0000 AND 202-401-9000