

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2021 OCT 21 PM 1:09

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INTERNATIONAL ASSOCIATION OF MACHINISTS

DISTRICT 837 PAC

ADDRESS (number and street)

212 UTZ LANE



Check if different than previously reported. (ACC)

HAZELWOOD

MO

63042-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C0016951

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

07 / 01 / 2021

through

09 / 30 / 2021

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 John DeWitt Darity

Signature of Treasurer

*John DeWitt Darity*

Date

10 / 11 / 2021

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**International Association Of Machinists, District 837 PAC**

Report Covering the Period: From:

07 / 01 / 2021

To:

09 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		334355
(b) Cash on Hand at Beginning of Reporting Period.....	334355	
(c) Total Receipts (from Line 19).....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	334355	334355
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334355	334355
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**International Association Of Machinists, District 837 PAC**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2021 To: MM / DD / YYYY 09 / 30 / 2021

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0 0 0	0 0 0 0
(ii) Unitemized.....	0 0 0 0	0 0 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0 0 0 0	0 0 0 0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0 0 0 0	0 0 0 0
12. Transfers From Affiliated/Other Party Committees.....	0 0 0 0	0 0 0 0
13. All Loans Received.....	0 0 0 0	0 0 0 0
14. Loan Repayments Received.....	0 0 0 0	0 0 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 0 0 0	0 0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0 0 0 0	0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0 0 0 0	0 0 0 0

SECRETARY OF THE STATE





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

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

FOR LINE NUMBER: PAGE 1 OF 1  
 (check only one)  
 11a  11b  11c  12  
 13 14 15 16 17

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)

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

1-800-4-A-FED-3117

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <b>1</b> OF <b>1</b>
<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c
<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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)  
**International Association Of Machinists, District 837 PAC**

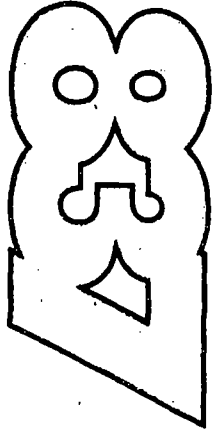
<b>A.</b> Full Name (Last, First, Middle Initial)	Date of Disbursement M M M / D D D / Y Y Y Y Y Y
Mailing Address	FEC Identification Number C
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> 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:	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial)	Date of Disbursement M M M / D D D / Y Y Y Y Y Y
Mailing Address	FEC Identification Number C
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<input type="checkbox"/> Memo Item
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:	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial)	Date of Disbursement M M M / D D D / Y Y Y Y Y Y
Mailing Address	FEC Identification Number C
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<input type="checkbox"/> Memo Item
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:	Category/Type

SUBTOTAL of Disbursements This Page (optional).....	0.0.0.0
TOTAL This Period (last page this line number only).....	0.0.0.0

Aerospace District Lodge 837  
212 Utz Lane, Hazelwood, Missouri 63042



**CERTIFIED MAIL**

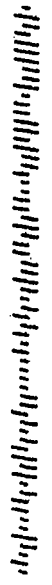


7020 1A10 0001 1005 7108

UNITED STATES POSTAL SERVICE  
OCT 21 2021 PM 5 L

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

20463-



ZIP 63042  
011E11671155

Hasler  
10/13/2021  
**US POSTAGE \$007.16**

RECEIVED  
FEDERAL MAIL CENTER  
2021 OCT 21 PM 1:09

NON-PROFIT ORGANIZATION



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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/13/21</i>
<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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input 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

*10/22/21*  
 DATE PREPARED

20211013 10:00:00 AM