

**FEC
FORM 3X**

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

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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 ▲

C00169151

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

MO

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

MO

5. Covering Period

10 / 01 / 2022

through

11 / 28 / 2022

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

01 / 04 / 2023

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

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FEC FORM 3X
Rev. 05/2016

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**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: M M M / D D D / Y Y Y Y 1 0 / 0 1 / 2 0 2 2 To: M M M / D D D / Y Y Y Y 1 1 / 2 8 / 2 0 2 2

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, Y Y Y Y 2 0 2 2		3 3 4 3 5 5
(b) Cash on Hand at Beginning of Reporting Period.....	3 3 4 3 5 5	
(c) Total Receipts (from Line 19).....	0 0 0 0	0 0 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3 3 4 3 5 5	3 3 4 3 5 5
7. Total Disbursements (from Line 31).....	0 0 0 0	0 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3 3 4 3 5 5	3 3 4 3 5 5
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

NONDISCRIMINATION COMPLAINTS

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: 10 / 01 / 2022 To: 11 / 28 / 2022

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

NON-FEDERAL ACCOUNT

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0 0	0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0 0	0 0 0 0
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 0 0 0	0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0 0	0 0 0 0

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0 0 0	0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0 0	0 0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0 0 0	0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0 0	0 0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0 0	0 0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0 0 0	0 0 0 0

UNIONBANK

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[] Memo Item		
Name of Employer (for Individual)		Occupation (for Individual)	Receipt For:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	[]		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[] Memo Item		
Name of Employer (for Individual)		Occupation (for Individual)	Receipt For:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	[]		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[] Memo Item		
Name of Employer (for Individual)		Occupation (for Individual)	Receipt For:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	[]		

SUBTOTAL of Receipts This Page (optional).....▶	0 0 0 0
TOTAL This Period (last page this line number only).....▶	0 0 0 0

NON-PROFIT ORGANIZATION

**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 1 OF 1
	<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		

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NAME OF COMMITTEE (In Full)
International Association Of Machinists, District 837 PAC

A. Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	FEC Identification Number
Purpose of Disbursement		Category/ Type	<input type="text"/>
Candidate Name			Amount of Each Disbursement this Period
Office Sought:	Disbursement For:		<input type="text"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

B. Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	FEC Identification Number
Purpose of Disbursement		Category/ Type	<input type="text"/>
Candidate Name			Amount of Each Disbursement this Period
Office Sought:	Disbursement For:		<input type="text"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item
State: District:			

C. Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	FEC Identification Number
Purpose of Disbursement		Category/ Type	<input type="text"/>
Candidate Name			Amount of Each Disbursement this Period
Office Sought:	Disbursement For:		<input type="text"/>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 0.0000
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 00.0000

NON-PROFIT ORGANIZATION

010000001001400000

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



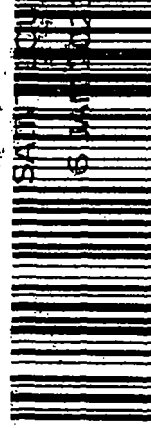
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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