

**FEC
FORM 3X**

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

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5
REG MAIL CENTER

INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 207

Check if different than previously reported. (ACC)

INMAN

SC

29349

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 4 2 8 9 3

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

(d)

- 30-Day POST-Election Report for the:
 - General (30G)
 - Runoff (30R)
 - Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
0 7 / 0 1 / 2 0 1 4

through

MM / DD / YYYY
0 9 / 3 0 / 2 0 1 4

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 JAMES C. PACE, JR.

Signature of Treasurer

James C Pace, Jr

Date

MM / DD / YYYY
1 0 / 0 2 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period:

From:

/ /

To:

/ /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2-0-1-4"/>		<input type="text" value="5 9 6 7 3 8"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7 1 4 2 3 8"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6 3 5 0 0"/>	<input type="text" value="3 8 1 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).....	<input type="text" value="7 7 7 7 3 8"/>	<input type="text" value="9 7 7 7 3 8"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3 0 0 0 0 0"/>	<input type="text" value="5 0 0 0 0 0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="4 7 7 7 3 8"/>	<input type="text" value="4 7 7 7 3 8"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	



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

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period: From: M M M / D D D / Y Y Y Y Y Y 0 7 / 0 1 / 2 0 1 4 To: M M M / D D D / Y Y Y Y Y Y 0 9 / 3 0 / 2 0 1 4

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).....

6 3 5 0 0

3 8 1 0 0 0

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(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).....▶

6 3 5 0 0

3 8 1 0 0 0

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

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)).....▶

6 3 5 0 0

3 8 1 0 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

6 3 5 0 0

3 8 1 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

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	3 0 0 0 0 0	5 0 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3 0 0 0 0 0	5 0 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3 0 0 0 0 0	5 0 0 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

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)	6 3 5 0 0	3 8 1 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6 3 5 0 0	3 8 1 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

FROM AND CONT

**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 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 9 8 0 0

Date of Receipt

0 7 / 0 1 / 2 0 1 4

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

B. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 0 0 0

Date of Receipt

0 7 / 0 1 / 2 0 1 4

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. PATRICIA H. ROBBINS

Mailing Address

307 MITCHELL ROAD

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CORPORATE SECRETARY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 4 4 0 0

Date of Receipt

0 7 / 0 1 / 2 0 1 4

Amount of Each Receipt this Period

2 4 0 0

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 5
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
WILLIAM E. BOWEN, JR.
 Mailing Address
137 MARSHALL BRIDGE DRIVE
 City State Zip Code
GREENVILLE SC 29605
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
INMAN MILLS V P PURCHASING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
2 8 8 0 0

Date of Receipt
0 7 / 0 1 / 2 0 1 4
 Amount of Each Receipt this Period
4 8 0 0

B. Full Name (Last, First, Middle Initial)
BRAD BURNETT
 Mailing Address
P.O. BOX 308
 City State Zip Code
ENOREE SC 29335
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
INMAN MILLS PLANT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
2 4 0 0 0

Date of Receipt
0 7 / 0 1 / 2 0 1 4
 Amount of Each Receipt this Period
4 0 0 0

C. Full Name (Last, First, Middle Initial)
ROBERT H. CHAPMAN, III
 Mailing Address
543 OTIS BLVD.
 City State Zip Code
SPARTANBURG SC 29302
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
INMAN MILLS CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
5 7 0 0 0

Date of Receipt
0 7 / 0 1 / 2 0 1 4
 Amount of Each Receipt this Period
9 5 0 0

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

FROM AND CONT

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City State Zip Code
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 6 8 0 0

Date of Receipt

07 / 01 / 2014

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

B. MICHAEL D. ELLIOTT

Mailing Address

P.O. BOX 85

City State Zip Code
WOODRUFF SC 29388

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
PERSONNEL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 5 0 0 0

Date of Receipt

07 / 01 / 2014

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

C. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City State Zip Code
SIMPSONVILLE SC 29681

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CORP. HR DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 8 0 0 0

Date of Receipt

07 / 01 / 2014

Amount of Each Receipt this Period

3 0 0 0

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

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

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 4 OF 5
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

A. WILLIAM C. HIGHTOWER, III
 Full Name (Last, First, Middle Initial)
 Mailing Address
206 THORNHILL DR.
 City State Zip Code
SPARTANBURG SC 29301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
INMAN MILLS DIRECTOR OF PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216,000**

Date of Receipt
07 / 01 / 2014
 Amount of Each Receipt this Period
3,600

B. JAMES C. PACE, JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address
234 NORTH LAKE EMORY DRIVE
 City State Zip Code
INMAN SC 29349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
INMAN MILLS CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **264,000**

Date of Receipt
07 / 01 / 1014
 Amount of Each Receipt this Period
4400

C. KEMP SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address
P.O. BOX 187
 City State Zip Code
ENOREE SC 29335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
INMAN MILLS PLANT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **20,400**

Date of Receipt
07 / 01 / 2014
 Amount of Each Receipt this Period
3400

SUBTOTAL of Receipts This Page (optional).....▶ **6,040**
TOTAL This Period (last page this line number only).....▶ **6,040**

**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 5 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. BEN TRUSLOW		Date of Receipt
Mailing Address 158 CARSHALTON DR.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City LYMAN	State SC	Zip Code 29365
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="4200"/>
Name of Employer INMAN MILLS	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25200"/>	

Full Name (Last, First, Middle Initial) B. MICHAEL KEITH WOODS		Date of Receipt
Mailing Address 204 HAMPTON BLVD.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City GAFFNEY	State SC	Zip Code 29341
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2600"/>
Name of Employer INMAN MILLS	Occupation QUALITY CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="15600"/>	

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="63500"/>

**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"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND


Full Name (Last, First, Middle Initial) A. TextilePAC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 469 Hospital Drive, Suite C			
City Gastonia	State NC	Zip Code 28054	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2,500.00	
Candidate Name		Category/Type 011	
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:	

Full Name (Last, First, Middle Initial) B. Graham Victory Committee 2014		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014	
Mailing Address PO Box 1801			
City Columbia	State SC	Zip Code 29202	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5,000.00	
Candidate Name Lindsey Graham		Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

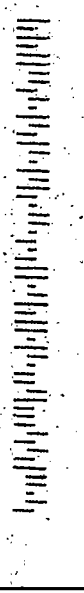

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input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

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	3,000.00

neopostTM
 10/02/2014
US POSTAGE
\$08.03
 ZIP 29349
 041L11224754



7009 3410 0000 4558 5863

RECEIVED
 2014 OCT -6 AM 11:46
 FEC MAIL CENTER

INMAN
 MILLS

Post Office Box 207
 300 Park Road
 Inman, SC 29349

FEDERAL ELECTION COMMISSION
 999 E STREET, NW
 WASHINGTON, DC 20463

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/2/14

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

10/6/14
DATE PREPARED

17001 | 4400 | 00070